

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM, PA

To operate MORAVIAN KING'S DAUGHTERS' HOME

Located at 61 WEST MARKET STREET, BETHLEHEM, PA 18018

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 16  
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 November 1, 2011 until November 1, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242140

*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 08 2011

Ms. Mary Ann Hughes, Administrator  
Moravian Union of King's Daughters & Sons of Bethlehem, PA  
Moravian King's Daughters' Home  
61 West Market Street  
Bethlehem, Pennsylvania 18018

Dear Ms. Hughes:

As a result of the Department of Public Welfare's licensing inspection on September 21, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN KING S DAUGHTERS HOME, 61 WEST MARKET STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 242140	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Ryan Novak, Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Mary Ann Hughes Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary Ann Hughes</i>	DATE <i>10-11-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aime Grayson</i>	DATE <i>10-27-11</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
64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	Staff person A, the home's administrator, completed only 20 hours of annual training in training year 2010.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">OCT 13 2011</div> SCRANTON FIELD OFFICE Adult Residential Licensing	<i>10-11-11</i>  <i>10-11-11</i>  <i>10-11-11</i>	<i>Upon inspection all training not available</i> <i>Not organized</i> <i>Training records in separate files</i> <i>Will have better filing system, already implemented by administrator</i> <i>Implemented 10-6-11</i>  <i>Paperwork (Tr.) to be filed after completed to prevent this violation again, see copies attached of additional 2010 Training</i>	     <i>Oct</i> <i>10-27-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Mary Ann Hughes</i>	DATE 10-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris Grayson</i>	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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person B completed only 7 hours of annual training in training year 2010.	10-11-11	<p><i>Staff Training was done - informed that certificates were given to staff; they did not make copies for Administrator.</i></p> <p><i>I failed to have this done - will make sure that all certificates are copied by myself.</i></p> <p><i>Staff Person B was contacted to give me certificates.</i></p>	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small;">Date: 10-27-11 Initials (DPW): <i>QA</i></p>

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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	Ancillary staff member C and direct care staff member B did not receive training in fire safety, emergency preparedness, Resident Rights, Older adult protective services act and falls and accident prevention for training year 2010.	10-11-11	Upon inspection all staff training unavailable Not organized Training records in separate files Will have better filing system - will continue to find 2010 training. Paperwork (TR) to be filed after completion To prevent this violation will send paperwork as found.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>10-27-11</u> Initials (DPW) <u>OK</u>

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

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SIGNATURE OF LEGAL ENTITY <i>Mary Ann Hughes</i>	DATE <i>10-11-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grozian</i>	DATE <i>10-27-11</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.			<p><i>See previous copy</i></p> <p>Administrator will develop a training file and a tracking sheet. Adm. will track all staff training throughout the training year. Adm. will fax the tracking sheet to the NE Regional office for review and approval prior to implementation. <i>Copy 10-27-11</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>10-27-11</i> Date Initials (DPW)</p>

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66a A staff training plan shall be developed annually.	The home does not have a staff training plan for 2010 or 2011	<i>10-11-11</i> <i>10-11-11</i> <i>10-11-11</i> <i>10-11-11</i> <i>10-11-11</i>	<i>Was not entered in written form.</i> <i>Was not enacted as should have been</i> <i>2011 training plan will be completed.</i> <i>We will adhere to the violation annually.</i> <i>Administrator will be responsible, will be completed Nov. 2011</i> <i>Annually to be repeated</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date _____ Initials (DPW) _____

*Adm will fax the 2011 and 2012 Annual Training Plans to NF Regional office for review*

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephones in room #'s 8, 7, and 2 do not have the updated personal care complaint hotline number posted.	<i>10-11-11</i>  <i>10-11-11</i>  <i>10-11-11</i>	<i>Telephone numbers were available by not provided to resident</i> <i>Telephone numbers were provided to Rooms 8, 7 and 2.</i> <i>Periodic checks by housekeeping to be sure phone numbers.</i>  <i>Completed for rooms 8-7 and 2 as well all rooms checked to be in compliance.</i> <i>Copy enclosed</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>10-27-11</i> <i>OSR</i> <i>Date Initials (DPW)</i>

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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The vent on the back porch from the dryer was blocked with two handfuls of lint. The area under the vent was covered with lint. The excess of lint can be a fire safety hazard.	<i>10-11-11</i>	<i>Lack of good house keeping practice. Lint screen cleaned after each use, exterior hose to be cleaned bi-weekly Tues &amp; Fri by housekeeper. All staff to be made aware of fire hazard and to all be responsible but a lint removal check list initialed by staff to monitor.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>10-27-11</i> Initials (DPW)

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The door labeled exit near the landing from the 2nd floor stairwell would not open at the time of the inspection. The door prevented immediate egress in the event of an emergency.	<i>10-6-11</i>	<p><i>Unable to open side exit due to excessive rain moisture/humidity</i></p> <p><i>Have notified repairman to evaluate situation am awaiting his response.</i></p> <p><i>Exit door does open w/o difficulty but will have professional follow-up.</i></p> <p><i>Will give follow-up call</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation, full compliance is not verifiable                      Date <i>10-27-11</i>                      Initials (DPW) <i>[Signature]</i> </p>

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132a An unannounced fire drill shall be held at least once a month.	Through conducting interviews with staff person's B and D, it was determined that staff are aware of fire drills before they occur. Administrator A will tell staff members before the drill will be held.	<i>10-10-11</i>	<p><i>Residents unaware of fire drills conducted. I designated staff person made aware of drill responsibilities to call fire dept. and to assist w/ resident evacuated.</i></p> <p><i>Staff person making call monitors time - staff given turns to make aware of what's needed to be done.</i></p> <p><i>In contact w/ Capt. [REDACTED] made aware of timing situation - she will contact inspectors &amp; Chief for answers her time.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <i>10-27-11</i> Initials (DPW) <i>RG</i></p>																																																																
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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the drill conducted on 6/29/11 and 7/30/11 does not include whether the drill was held in the am or pm.	<i>10-11-11</i>	<p style="text-align: center;"><i>Incomplete recording time of fire drill</i></p> <p><i>It states on fire drill record to file in AM 9PM. Staff is aware on each shift to make proper documentation and accurate recordings. Administrator failed to follow up after documentation of staff.</i></p> <p><i>After fire drills (all) adm. will check documentation</i></p> <p><i>6-29-11 - PM</i></p> <p><i>7-30-11 - PM</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"><i>Date 10-27-11</i></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"><i>Initials (DPW) Q9</i></p>

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NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN KING S DAUGHTERS HOME, 61 WEST MARKET STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 242140	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Ryan Novak, Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Mary Ann Hughes Adm.</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary Ann Hughes</i>	DATE <i>10-11-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grayson</i>	DATE <i>10-27-11</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
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	<p>The following drills exceeded the homes 2 minutes and 30 seconds evacuation time. The home does not have a letter from the fire safety expert designating the home more time for evacuation.</p> <ul style="list-style-type: none"> <li>• The drill ran on 11/17/10 by the fire safety expert - 2 minutes 43 seconds</li> <li>• The drill ran on 2/27/11 - 2 minutes 45 seconds</li> <li>• The drill ran on 5/23/11 - 2 minutes 45 seconds</li> <li>• The drill ran on 4/30/11 - 3 minutes 10 seconds</li> </ul>	<i>10-10-11</i>	<p><i>Did not have on file time change proceeding 2 min. 30 sec. Let. to Capt. [redacted] re; this matter.</i></p> <p><i>Administrator to follow thru - awaiting response from fire officials. Supervised fire drill to be held 10/17/11. Dates for fire safety expert training &amp; letter for time change from fire dep.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>10-27-11</i> Initials (DPW) <i>DPW</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN KING S DAUGHTERS HOME, 61 WEST MARKET STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 242140	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Ryan Novak, Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Mary Ann Hughes Adm.</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary Ann Hughes</i>	DATE <i>10-11-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dave Trozo</i>	DATE <i>10-27-11</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;"> <tr> <td style="border-bottom: 1px solid black; padding: 2px;"><u>Mont</u></td> <td style="border-bottom: 1px solid black; padding: 2px;"><u>Date</u></td> <td style="border-bottom: 1px solid black; padding: 2px;"><u>Time</u></td> <td style="border-bottom: 1px solid black; padding: 2px;"><u>Evac. Time</u></td> <td style="border-bottom: 1px solid black; padding: 2px;"><u>FSE</u></td> </tr> <tr> <td style="padding: 2px;">Jan</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Feb</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Mar</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Apr</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">May</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Jun</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Jul</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Aug</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Sep</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Oct</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Nov</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Dec</td> <td></td> <td></td> <td></td> <td style="padding: 2px;">No</td> </tr> </table>	<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No			
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN KING S DAUGHTERS HOME, 61 WEST MARKET STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 242140	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Ryan Novak, Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Mary Ann Hughes Adm.</i>			
SIGNATURE OF LEGAL ENTITY <i>Mary Ann Hughes</i>	DATE <i>10-11-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>10-27-11</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.	The home did not complete medical evaluations for Resident's #1 and #2 in 2010: <ul style="list-style-type: none"> <li>The most current medical evaluation for Resident #1 was completed on 4/1/11.</li> <li>The most current medical evaluation for Resident #2 was completed on 2/2/11.</li> </ul>	<i>10-6-11</i>	<p><i>Medical Evals for Res. 1 &amp; 2 in chart completed for 2010 &amp; 2011 - copies enclosed</i></p> <p><i>Tina Rivera responsible for medical Evals.</i></p> <p><i>Adm will send dated corrected copies of med evals to the NE Regional Dir.</i></p> <p style="text-align: right;"><i>AD 10-27-11</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: <i>10-27-11</i> Initials (DPW): <i>DA</i></p>

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
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	<p>The following medications for Resident #3 did not include diagnosis:</p> <ul style="list-style-type: none"> <li>Aspirin 81 mg</li> <li>Losartan 100 mg</li> <li>Doxozosin Mesylate 4 mg</li> </ul> <p>The following medications for Resident #1 did not include diagnosis:</p> <ul style="list-style-type: none"> <li>Acidophilis extra strength</li> <li>Amolodipine Besylate 5 mg</li> <li>Aricept 10 mg</li> <li>Lisinopril 40 mg</li> </ul> <p>The master key for the medication administration record does not contain the staff person's printed name.</p>	<i>10-11-11</i>	<p><i>Diagnosis to be on MAR's - On resident # 3 and resident # 1. Diagnosis are listed for each med. Copies enclosed for both residents.</i></p> <p><i>The master key for medication adm record was completed date of inspection and will continue as adm.</i></p>	<i>AK 10-27-11</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Mary Ann Hughes</i>	DATE <i>10-11-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Graziano</i>	DATE <i>10-27-11</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
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.				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Mary Ann Hughes</i>	DATE <i>10-11-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deane Grosz</i>	DATE <i>10-27-11</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.	The preadmission screening for Resident #4 admitted 8/18/11 had nothing noted for: <ul style="list-style-type: none"> <li>• The date the form was completed</li> <li>• Behavioral needs or other special care needs</li> <li>• Whether the home can meet the needs of the individual</li> </ul>	<i>10-31-11</i>	<p><i>Pre admission screening not completed. Administrator should have reviewed all paperwork.</i></p> <p><i>Copy of corrected pre admission screening for resident #4 enclosed.</i></p>	<i>ATK</i> <i>10-27-11</i>

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

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224c The preadmission screening shall be completed by the administrator or designee.	The preadmission screening for Resident #4 admitted 8/18/11 was not signed by the person completing the form.	<i>10-11-11</i>	<i>Pre admission screening for resident #4 not signed by resident. Administrator, as well as [redacted] &amp; [redacted] to review that all paperwork is properly completed according to regulation</i>	<i>AG 10-27-11</i>

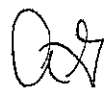
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<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>The most recent assessment for Resident #1 was completed on 7/19/10. The home did not complete an annual assessment in 2011.</p>	<p><i>10-31-11</i></p>	<p><i>Assessment for Res #1 not completed for 7-19-10</i></p> <p><i>Have delegated [redacted] to do assessments should have been completed.</i></p> <p><i>To implement a recording instrument of all annual dates to comply with Regulation</i></p> <p><i>Administrators to ensure this done - Start 10/13/11</i></p>	<p><i>AG</i></p> <p><i>10-27-11</i></p>

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #4 participated in the development of their support plan on 8/20/11. The resident did not sign the support plan.	<i>10-11-11</i>	<p><i>Support Plan is to be completed by [redacted] - did state resident was available to do this plan but did not have resident sign.</i></p> <p><i>Administrator will monitor records implemented for all assessments and Plans.</i></p>	 <i>10-27-11</i>