

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PERSONACORP, INC.

LEGAL ENTITY

To operate LIBERTY SQUARE PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 86 MAIN STREET, STOUCHSBURG, PA 19567

(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 19
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 21, 2011 until November 21, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205720

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 22 2011

Ms. Andrea L. Stone, President
Personacorp, Inc.
Liberty Square Personal Care
86 Main Street
Stouchburg, Pennsylvania 19567

Dear Ms. Stone:

As a result of the Department of Public Welfare's licensing inspection on September 27, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

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

Sincerely,

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

Ronald Melusky
Director


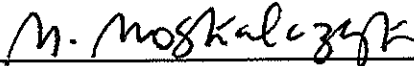
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Andrea L. Stone, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Andrea L. Stone</i>	DATE <i>11-07-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE <i>111511</i>


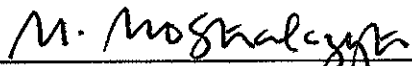
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The payee for resident #1 did not sign the resident-home contract dated 8/25/11. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> NOV 14 2011 SCRANTON FIELD OFFICE Adult Residential Licensing			

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

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-07-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/15/11

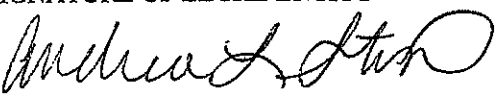
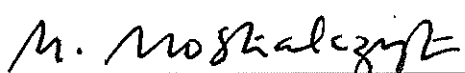
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
85a Sanitary conditions shall be maintained.	The resident bathroom located in room #7 had a moldy substance near and around the sink wall area. This area was bubbling and peeling causing an unsanitary condition.	11-15-2011	Substance in bathroom of room #7 found to be mixture of toothpaste, mouthwash, shaving cream, and liquid Soap. Sink wall area will be scraped and repainted with a more resilient paint. Housekeeping staff will monitor and report to administrator if any problems are found in the future.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>_____</p> <p>Date Initials (DPWT)</p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-07-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-15-11


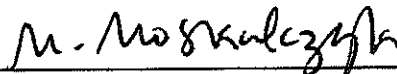
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The home had a tripping hazard on the exterior area of the home in front of the black metal fire escape. This uneven area extended to the front walkway. The paving bricks in that area were raised and uneven creating a fall risk for residents or other individuals existing the building during a fire drill or possible fire.	10-24-2011	Contractor removed bricks and concrete tripping hazard. Relevelled ground and reinstalled brick to create level walking surface. *Pictures and bill attached. Landscapeer will monitor outdoor walkways and report any problems to administrator.	MM 11-15-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-07-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/15/11

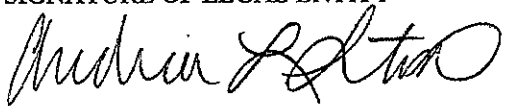
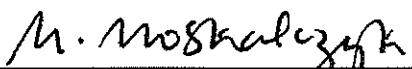
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Room # 7 did not have a bedside lamp in reach of the resident's bed. The resident's room had a lamp but was not able to be accessed by the resident if they were in bed.	11-07-2011	Additional "touch" lamp attached to resident furniture which is located next to bed. Housekeeping staff will notify administrator if resident rearranges room lamps to ensure regulation compliance. * "Touch" lamp receipt attached.	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: <u>11/15/11</u> Initials (DPW): <u>LES</u></p>

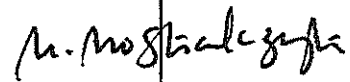
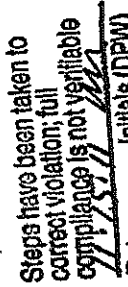
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-07-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/5/11


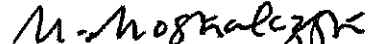
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The home's middle refrigerator located in the Kitchen area of the home did not have a thermometer in the top freezer storage area and no thermometer was found in the refrigerator storage area of the refrigerator. The food temperatures could not be determined. Repeated Violations: 06/30/2010	09-27-2011	Upon investigation, both thermometers found in lower right side crisper drawer underneath produce. Staff placed them in that location while cleaning refrigerator. Staff instructed to place thermometers back in original locations after cleaning. Kitchen staff will monitor and report any broken or missing thermometers to administrator. *fixed on day of survey.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>_____ Date Initials (DPW)</p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-07-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/5/11



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
103i Outdated or spoiled food or dented cans may not be used.	The home had an opened package of bologna luncheon meat with approximately 5 pieces of meat that was not labeled with the date the package was opened.	09-27-2011 ↓ ongoing	Staff instructed to date and label "resealable" containers when opened. Kitchen staff will monitor. * Administrator or designee will monitor monthly for ongoing compliance. 	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Initials (DPW)</p> <p>Date</p> </div>

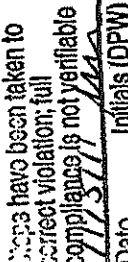
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-07-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-15-11



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
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency preparedness plan was not posted in a public and conspicuous location.	09-27-2011	Home's emergency preparedness plan copied and posted in public place at time of survey. Administrator will monitor to ensure that copy of plan always posted.	MM 11-15-11

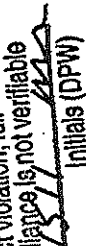
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-07-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/15/11



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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	"Care One" brand oral pain reliever and Vicks Vapor Rub prescribed to resident #2 were not labeled with the resident's name. "Rite-Aid" brand multi-vitamins prescribed to resident #1 was not labeled with the resident's name.	09-27-2011	Names were written on OTC medications. Administrator will monitor to ensure that resident names are always written on OTC med containers.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date Initials (DPW)</p>


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

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-07-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/5/11

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
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 pre-admission screening in the record of resident #1 (dated 8/24/11) did not indicate other special care needs, if any. The pre-admission screening in the record of resident #3 (dated 12/31/10) did not indicate behavioral needs, if any. The pre-admission screening in the record of resident #4 (dated 2/24/11) did not indicate other special care needs, if any.	09-30-2011	"None needed at this time" will be written on pre-admission screen form rather than leaving "special care needs" or "behavioral needs" blank to indicate that none are needed. Administrator will monitor self. * Copies attached.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p>  Initials (DPW) Date </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care, 86 Main Street Stouchsburg, PA 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATES (Include all dates of the inspection) 09/27/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-07-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/5/11

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
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The initial support plan in the record of resident #1 (dated 9/21/11) was not signed by the resident nor was there any documentation regarding the resident's refusal or inability to sign. Repeated Violations: 06/30/2010	09-28-2011	Support plan was signed by resident. Administrator will monitor support plans for resident signatures. * copy attached.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date:  Initials (DPW) </div>
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">NOV 14 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>				