

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SAINT BENEDICT MANOR, INC.

LEGAL ENTITY

To operate SAINT BENEDICT MANOR, INC.

NAME OF FACILITY OR AGENCY

Located at 600 THEATER ROAD, BOX 57, ST. BENEDICT, PA 15773

(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 44
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 6, 2011 until November 6, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 303420

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 04 2011

Mr. Samuel Pagano, President
Saint Benedict Manor, Inc.
600 Theater Road, Box 57
St. Benedict, Pennsylvania 15773

Dear Mr. Pagano:

As a result of the Department of Public Welfare's licensing inspection on October 3, 2011 and October 5, 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SAINT BENEDICT MANOR INC, 600 THEATER ROAD BOX 57 ST BENEDICT, PA 15773		CURRENT LICENSE NUMBER 303420	
INSPECTION DATES (Include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>CAROLYN PROTHER, ADMINISTRATOR</i> SHIRLEY A. PAGANO, ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Carolyn Prother</i>	DATE 10-12-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 10-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 A, hired 7/23/07, did not have the required annual 2010 training in emergency preparedness, resident rights and "The Older Adult Protective Services Act."	10/12/11 <i>Carolyn Prother Administrator</i>	"The Older Adult Protective Services Act" was reviewed by all employees. Copies are attached. It will be reviewed every couple months. all new employees are trained upon hire & annually for every one. <i>Continued next page</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>10-27-11 SS</i> Date Initials (DPW)

RECEIVED TIME OCT 27 11:01AM

PAGE 02/13
ST. BENEDICT MANOR
8143442037
10/27/2011 08:41

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

ADDRESS OF PERSONAL CARE HOME BENEDICT MANOR INC 500 THEATER ROAD BOX 57 ST BENEDICT, PA 15773		CURRENT LICENSE NUMBER 303420
INSPECTION DATES (Include all dates of the inspection) 10/11		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse

SIGNATURE AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)
Carolyn Arotin ADMINISTRATOR

SIGNATURE OF LEGAL ENTITY <i>Carolyn Arotin</i>	DATE 10-12-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LR</i>	DATE 10-27-11
---	-------------------------	---	-------------------------

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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.		10/12/11 <i>Carolyn Arotin Administrator</i>	See attached copies. We had training with a sign-in on 55 Pa Code 2600. We will have training 2 x a year every year.	

RECEIVED TIME OCT. 27. 11:01AM

PAGE 03713
 ST. BENEDICT MANOR
 8143442837
 10/27/2011 08:41

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

NAME AND ADDRESS OF PERSONAL CARE HOME SAINT BENEDICT MANOR INC, 600 THEATER ROAD BOX 57 ST BENEDICT, PA 15773		CURRENT LICENSE NUMBER 303420	
INSPECTION DATES (Include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Carolyn Croatin ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Carolyn Croatin</i>	DATE 10-6-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 10-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
101o Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	On 10/5/11, there was a 3 to 4 inch hole in the right side wall of room #8.	10/6/11 <i>It was patched & painted.</i>	<i>Aids walk thru at least monthly & as soon as the aides tell us, we repair the same day or next day. A board was placed on the floor so that a chair can't put a hole in the wall.</i>	10-27-11 <i>GS</i>

RECEIVED TIME OCT. 27. 11:01AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME SAINT BENEDICT MANOR INC, 600 THEATER ROAD BOX 57 ST BENEDICT, PA 15773		CURRENT LICENSE NUMBER 303420	
INSPECTION DATES (Include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cecilyn Aprotin</i> ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Cecilyn Aprotin</i>	DATE 10-20-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 10-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 temperature in the freezer, on the right, in the kitchen measured at 10 degrees Farenheit at 1:25 PM. At 2:00 PM, the temperature in the same freezer measured at 11 degrees Farenheit.	10/20/11	A new freezer was purchased to replace the old one. A copy of the bill of sale is attached. We will have staff sign + date weekly logs of freezers.	10-27-11 <i>EE</i>

RECEIVED TIME OCT. 27. 11:01AM

10/27/2011 08:41 8143442037 017 BENEDICT PARK

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

NAME AND ADDRESS OF PERSONAL CARE HOME SAINT BENEDICT MANOR INC, 600 THEATER ROAD BOX 57 ST BENEDICT, PA 15773		CURRENT LICENSE NUMBER 303420	
INSPECTION DATES (Include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Carolyn Krotn</i> ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Carolyn Krotn</i>	DATE 10-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Eruik</i>	DATE 10-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	There was no medical evaluation completed for resident #1 who was admitted on 8/12/11.	10/5/11	<i>He may have to hand deliver the med. evaluation. The doctors do not get back to res. He faxed this to the dr. 4 times a patient took it to his office on [redacted] visit + many, many calls. Med. Eval. attached</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>10-27-11</i> Date Initials (DPW)

we will get appointments with PCP the week a resident is admitted. Med. Eval. filled out with

RECEIVED TIME OCT. 27. 11:01AM

10/27/2011 08:41 B143442037 ST. BENEDICT MANOR

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

NAME AND ADDRESS OF PERSONAL CARE HOME SAINT BENEDICT MANOR INC, 600 THEATER ROAD BOX 57 ST BENEDICT, PA 15773		CURRENT LICENSE NUMBER 303420	
INSPECTION DATES (Include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Carolyn Protti</i> ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Carolyn Protti</i>	DATE 10-13-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ernst</i>	DATE 10-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #1 did not have the staff initials for Temazepam, 30 mg. that was given on 10/4/11 at 8:00 PM.	10/13/11	A review with staff on proper charting of meds, (narcotics) was done with all aides that dispense meds. This will be done with sign in and date per + annually	Steps have been taken to correct violation; full compliance is not verified. 10-27-11 Date Initials (DPI)
			Continued on P. 6A	

RECEIVED TIME OCT. 27. 11:01AM

10/27/2011 08:41 8143442937

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

NAME AND ADDRESS OF PERSONAL CARE HOME SAINT BENEDICT MANOR INC, 600 THEATER ROAD BOX 57 ST BENEDICT, PA 15773		CURRENT LICENSE NUMBER 303420	
INSPECTION DATES (include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Carolyn Aretin ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Carolyn Aretin</i>	DATE <i>10-3-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>GE</i>	DATE <i>10-27-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #1 did not have the staff initials for Temazepam, 30 mg. that was given on 10/4/11 at 8:00 PM.	<i>10-3-11</i>	This was reviewed. Aid did sign that night when ^{after} inspection found it. w a note on back of MARs. We will have training per and vs on all shifts. We showed inspector we keep narc. count and it was right. The med was given. Continued p. 7	

RECEIVED TIME OCT. 27. 11:01AM

10/27/2011 08:41 8143442037 ST. BENEDICT MANOR

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

NAME AND ADDRESS OF PERSONAL CARE HOME SAINT BENEDICT MANOR INC, 600 THEATER ROAD BOX 57 ST BENEDICT, PA 15773		CURRENT LICENSE NUMBER 303420	
INSPECTION DATES (Include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Carolyn Proctor Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Carolyn Proctor</i>	DATE 10-6-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DE</i>	DATE 10-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		10/6/11 10/6/11	Contd. MAR was signed on 10/6/11. (10/6/11) This was reviewed with all aides that dispense meds. The proper way to dispense a Chart. Staff will review one another's MARs on each shift for a double check we will review dispensing of meds	

RECEIVED TIME OCT. 27. 11:01AM

10/27/2011 08:41 8143442037 ST. BENEDICT MANOR

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

NAME AND ADDRESS OF PERSONAL CARE HOME SAINT BENEDICT MANOR INC, 600 THEATER ROAD BOX 57 ST BENEDICT, PA 15773		CURRENT LICENSE NUMBER 303420	
INSPECTION DATES (Include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Carolyn Arotin ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Carolyn Arotin</i>	DATE <i>10-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Eric Ems</i>	DATE <i>10-27-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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.	Resident #2, admitted on 3/25/11, did not have an assessment completed until 4/18/11.	<i>10/6/11</i>	<p><i>The assessment was totally re-done and a copy is attached.</i></p> <p><i>We will do all assessments within 15 days of admitting a resident and double check dates!</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>10-27-11</i> <i>EE</i></p> <p>Date Initials (DPW)</p>

RECEIVED TIME OCT. 27. 11:01AM

10/27/2011 08:41 8143442037 ST. BENEDICT MANOR PAUL 07/13