

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ASSURED CARE, INC.

LEGAL ENTITY

To operate GRAND VIEW MANOR

NAME OF FACILITY OR AGENCY

Located at 129 HOUCK ROAD, FLEETWOOD, PA 19522

(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 54
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 28, 2011 until October 28, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 215010

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

Ms. Debbie Young, Part-Owner
Assured Care, Inc.
Grand View Manor
129 Houck Road
Fleetwood, Pennsylvania 19522

Dear Ms. Young:

As a result of the Department of Public Welfare's licensing inspection on October 6, 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 be 'R 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 GRAND VIEW MANOR, 129 HOUCK ROAD FLEETWOOD, PA 19522		CURRENT LICENSE NUMBER 215010	
INSPECTION DATES (Include all dates of the inspection) 10/06/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, JAMES 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>DEBBIE Young RN</i>			
SIGNATURE OF LEGAL ENTITY <i>Debbie Young RN</i>	DATE 10/25/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 10/28/11

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
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 was not initialed at the time of administration at 12 noon on 9/16/2011. It could not be determined if the resident receive their medication Ibuprofen 400 mg by mouth as prescribed. RECEIVED OCT 28 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	10/25/2011	Cause of violation was human error - our med. system would of shown if a pill was missed - pill was given, but not initialed - It is Debbie Young's responsibility to double check med Book/ and cart for any missed doses and I missed it. PLAN is for more carefully double checking med. Book after each med. pass.	

Steps have been taken to correct violation; full compliance is not verifiable
Date: *10/28/11*
Initials (DPH): *[Signature]*

cont. →

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

NAME AND ADDRESS OF PERSONAL CARE HOME GRAND VIEW MANOR, 129 HOUCK ROAD FLEETWOOD, PA 19522		CURRENT LICENSE NUMBER 215010	
INSPECTION DATES (Include all dates of the inspection) 10/06/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, JAMES 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>DIZBIE Young RN</i>			
SIGNATURE OF LEGAL ENTITY <i>DiZbie Young</i>	DATE 10/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 10.28.11

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
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.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">OCT 28 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>		<p style="font-size: 1.2em; font-family: cursive;">The administrator or designee will monitor MAR's on a daily basis and assure ongoing compliance of the regulation</p> <p style="text-align: right; font-size: 1.2em; font-family: cursive;"><i>M. Moskalezyk</i></p>	