

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NORTH PENN MANOR, INC.

LEGAL ENTITY

To operate NORTH PENN MANOR

NAME OF FACILITY OR AGENCY

Located at 240 NORTH SHERMAN STREET, WILKES-BARRE, PA 18702

(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 80
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 7, 2011 until October 7, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 220320

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

Ms. Judy Lee, Administrator
North Penn Manor, Inc.
North Penn Manor
240 North Sherman Street
Wilkes-Barre, Pennsylvania 18702

Dear Ms. Lee:

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.

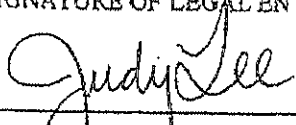
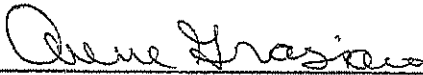
Sincerely,


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

Ronald Melusky
Director

Enclosures
License
Violation Report

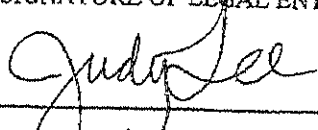

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME NORTH PENN MANOR, 240 NORTH SHERMAN STREET WILKES BARRE, PA 18702		CURRENT LICENSE NUMBER 220320	
INSPECTION DATES (Include all dates of the inspection) 10/06/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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 11/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-3-11

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
82a Poisonous materials shall be stored in their original, labeled containers.	A gallon size container with an unknown black colored substance was found sitting outside the exterior deep freezer. This substance was accessible to residents as it was not in a secured area. The container did not have a label that identified the substance. Staff indicated that this substance was used by the maintenance department.	10/6/11	The gallon sized container located next to the outside freezer was removed and thrown away the day of the site visit by maintenance. On the day of the site visit, maintenance was informed by the administrator that all poisonous materials need to be stored in their original containers and kept in a secured location. The facility and surrounding grounds will be monitored by the head of maintenance to ensure compliance.	 11-3-11

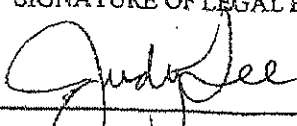

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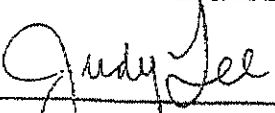
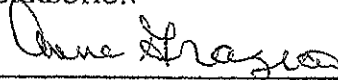
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Residents were not assessed by the home for their ability to utilize poisonous materials. A 32 ounce container of Walgreen brand clothes detergent was found in resident room #21. The label stated to seek medical attention if swallowed. This room is occupied by two residents who had access to this material.	10/6/11	The 32 ounce container of Walgreen brand clothes detergent was removed and disposed of onsite the day of the inspection by the PCA Supervisor. On the day of the site visit, the residents in that room were notified by the administrator that if they would like to keep any poisonous materials in their room they would need to be assessed by their physician stating that they were able to utilize poisonous materials and that if allowed, they must also keep them locked up. The residents did not feel it was necessary to keep the laundry detergent in their room. All resident rooms were checked by the administrator the day of the site visit to make sure that there were not any poisonous materials in any of the resident rooms. Personal care aides were instructed by the administrator to do periodic room checks to ensure compliance with regulation 82c.	 11-3-11

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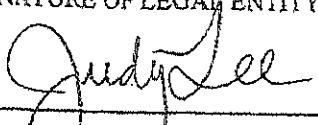

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Room #34, bed closest to to the door, did not have a bedside lamp. Repeated Violations: 07/28/2010	10/6/11	A bedside lamp was provided for room #24 for the bed closest to the door the day of the site visit by the PCA supervisor. On the day of the site visit, the administrator checked all rooms to ensure compliance and also instructed the personal care aides to do periodic checks to ensure that each resident has an operable lamp that can be turned on/off at bedside. The Administrator will also monitor that regulation 101j7 is being followed.	Steps have been taken to correct violation; full compliance is not verifiable Date: 11-3-11 Initials (DPW): [Signature]


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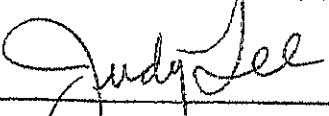
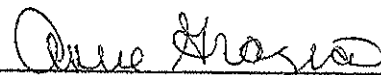
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103g Food shall be stored in closed or sealed containers.	The exterior freezer had a bag of ravioli and a bag of frozen chicken breasts that were open and not sealed. A package of 3 hot dogs was found in the kitchen refrigerator that was opened but not sealed. Repeated Violations: 07/28/2010	10/6/11	The bag of ravioli and bag of frozen chicken breasts that were open and not sealed were disposed of the day of the site visit by the kitchen staff. The package of 3 hot dogs that was found in the kitchen refrigerator that was opened but not sealed was also disposed of the day of the site visit by the kitchen staff. All frozen and refrigerated food were checked by kitchen staff to make sure that they were properly sealed. On the date of the site visit, all staff were instructed by the Administrator that all opened food shall be stored in closed or sealed containers. A new kitchen manager was hired on 10/18 to ensure compliance. The Administrator will also monitor periodically for compliance.	Steps have been taken to correct violation; full compliance is not verifiable Date: 11-3-11 Initials: DPW

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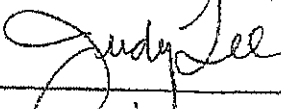

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103i Outdated or spoiled food or dented cans may not be used.	The home had an open package of what appeared to be, pastrami lunch meat that was not labeled or dated. A package with one cookie that was moldy and not sealed was found in the kitchen dry goods area. The home had dented cans, 1- 64 ounce size can Libby brand of mixed vegetables and 1- 64 ounce can of Conte Brand Pizza Sauce. Both items were found in the canned goods closet.	10/6/11	The pastrami lunch meat that was not labeled or dated was disposed of at the time of the site visit by the kitchen staff. The package with one cookie that was moldy and not sealed was also disposed of the day of the site visit. The dented cans of mixed vegetables and pizza sauce were removed from the canned goods closet the day of the site visit by the kitchen staff and were returned to the vendor on 10/13. All opened food was checked for labels and dates by the kitchen staff the day of the site visit. On the day of the site visit, the administrator instructed the kitchen staff that all opened packages must be labeled and dated and that all outdated or spoiled food or dented cans many not be used and must be disposed of. A new kitchen manager was hired on 10/18 to ensure compliance. The Administrator will also do periodic checks to ensure compliance.	<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: 11-3-11 Initials (DPW): </p>

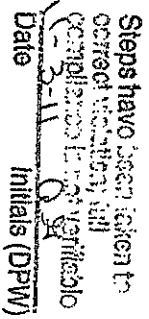
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121a Stairways, hallways, doorways, passageway and egress routes from rooms and from the building shall be unlocked and unobstructed.	<ul style="list-style-type: none"> • The door labeled exit #5 had a khaki recliner in front of the door, blocking immediate egress in the event of an emergency. • The door labeled exit #3 had a brown chair in front of the door, blocking immediate egress in the event of an emergency. 	10/6/11	The khaki recliner by exit #5 and the brown chair by exit #3 were relocated onsite the date of the visit by the PCA supervisor so that they were not blocking the immediate egress in the event of an emergency. All staff were instructed to do periodic checks to make sure that all egress routes from rooms and from the building are unblocked and unobstructed. The Administrator and head of maintenance checked all exits for compliance and will monitor periodically to ensure compliance.	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 11-3-11 Initials (DPW): OSH </div>

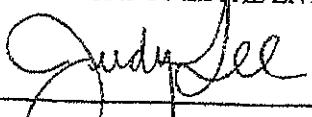
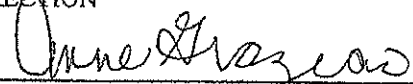
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161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	The medical evaluation dated 8/2/11 for Resident #2 notes mechanical soft diet for dietary needs. The assessment dated 8/5/11 notes an anti-reflux diet. The home is not meeting the dietary needs as prescribed by the physician.	10/6/11	The assessment form dated 8/5/11 for resident #2 was corrected the date of the site visit by the Administrator. The assessment form dietary needs section was changed to a mechanical soft diet to match the medical evaluation form dated 8/2/11, as prescribed by the physician. The Administrator has checked all resident assessment and medical evaluation forms to ensure that they match. The PCA Supervisor will also periodically monitor for compliance. <i>(attachment)</i>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> <p>Steps have been taken to correct violation until compliance is verified Date: 11-3-11 Initials (DPW): </p> </div>

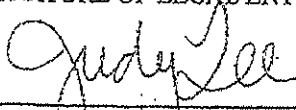
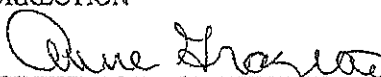
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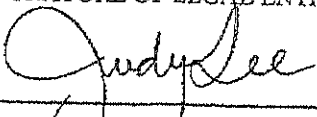
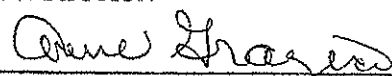
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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	Resident # 3 Humalog insulin is not dated the day the vial was punctured. The manufacturer's instructions state the insulin is only good for 28 days after puncturing the vial. Resident # 4 and # 5 Advair 250/50 diskus is not dated the day the pouch was opened. The manufacturer's instructions state use by date is 1 month from date of opening pouch.	10/6/11	Resident #3's humalog insulin was not dated the day the vial was punctured. The manufacturer's instructions state the insulin is only good for 28 days after puncturing the vial, therefore the insulin was disposed of on the day of the inspection by the PCA supervisor. The insulin bottles now have a date label attached to the bottle indicating the date the vial is punctured. Resident #'s 4 and 5 advair 250/50 diskus was not dated the day the pouch was opened. The manufacturer's instructions state use by date is one month from the date of opening the pouch, therefore the advair was disposed of on the day of the inspection by the PCA supervisor. The advair disks now have a date label on them indicating the date that the pouch was opened. The PCA supervisor checked the insulin and advair for all residents to ensure that they were all dated. An in-service was held on 10/7/11 by the PCA supervisor for all personal care staff. The PCA Supervisor will do periodic checks to ensure compliance with regulation 183e. <i>(attachment)</i>	 11-3-11

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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 Medications administrations record for Resident # 3 Prevlite packet reads mix one packet in at least 3oz of liquid and drink with meals. The label on the medication reads take one packet twice daily.	10/6/11	A new medication label was attached to the prevalite packs to match the order that was listed on the medication administration record. The medication administration record now matches the prevalite packet label. The PCA supervisor has instructed staff to make sure that new orders be followed through so that the label and the medication administration record match. This was also part of the in-service held on 10/7/11 by the PCA supervisor. The PCA supervisor will periodically check the MARS and the medications to ensure compliance with regulation 187a. New medication label is attached.	Steps have been taken to correct violation; full compliance is not verifiable Date 11-3-11 Initials (DPW) 

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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.				

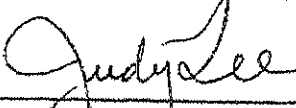

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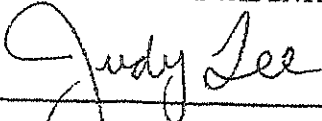
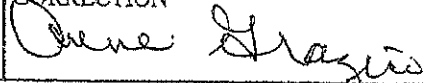
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	Resident #6 had a hospital bed with full size bed rails that were attached to the bed on each side. These rails were observed in the lowered position. It was reported that the bed had been delivered with the full rails when the resident was admitted to the home on 10-04-10 and were never removed.	10/6/11	The full size bed rails on each side of the bed from resident #6 were removed at the time of the site visit by the PCA supervisor. The PCA supervisor will inspect the future hospital beds that are delivered to ensure that there are no bed rails attached. Per regulation 202, although the bed rails weren't being used, the full sized rails are considered a mechanical restraint that restricts the movement or function of a resident or portion of a resident's body which is prohibited.	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

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

NAME AND ADDRESS OF PERSONAL CARE HOME NORTH PENN MANOR, 240 NORTH SHERMAN STREET WILKES BARRE, PA 18702		CURRENT LICENSE NUMBER 220320	
INSPECTION DATES (Include all dates of the inspection) 10/06/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Ryan Novak	
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 11/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-3-11

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
compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or				

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
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				