

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORNING GLORY SENIOR LIVING INC

LEGAL ENTITY

To operate MORNING GLORY SENIOR LIVING

NAME OF FACILITY OR AGENCY

Located at 419 N. QUEEN STREET LITTLESTOWN, PA 17340

(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 12
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 January 4, 2012 until January 4, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **312800**

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

JAN 19 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Sharon L. Immler, President
Morning Glory, Inc.
Morning Glory
419 North Queen Street
Littlestown, Pennsylvania 17340

Dear Ms. Immler:

As a result of the Department of Public Welfare's licensing inspection on October 18, 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.

The license indicates the home's recent change in the name from Morning Glory Assisted Living to Morning Glory and the recent change in the name of the legal entity from Morning Glory Assisted Living, Inc. to Morning Glory, Inc.

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

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a small mark that appears to be "1/98".

Ronald Melusky
Director

Enclosures
License
Violation Report

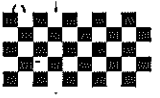
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Litlestown, Pennsylvania 17340		CURRENT LICENSE NUMBER 312800	
INSPECTION DATE(S) (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cathy Franck / administrator</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cathy Franck / administrator</i>		DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 12/28/11

1 REGULATION 55 Pa.Code § 2800.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees.	<ul style="list-style-type: none"> The contract for Resident #1 was not signed by the payer. The contract for Resident #2 was not signed by the resident. 	10/18/2011 10/18/2011 1/15/2012 Ongoing	The pay for Resident #1 signed the contract. Resident #2 signed the contract. The administrator will develop a new admission checklist to ensure that contracts are signed by the required parties upon a resident's admission. Both administrators will review new admission forms before they are filed in the resident record.	Steps have been taken to correct violation; full compliance is not verifiable MSC 12/27/11 Date Initials (DPW)

DEC 29 2011 12:41 AM

DEC 28 2011 11:55AM ARL CENTRAL REGION



RECEIVED TIME DEC. 28. 11:57AM

VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

JANE AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340	CURRENT LICENSE NUMBER 312800
---	---

INSPECTION DATE(S) (include all dates of the inspection) 0/18/2011	REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo
--	--

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 REPRESENTATIVE <i>Cathy Franek</i>	DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael Coy</i>	DATE 12/28/11
--	-------------------------	--	-------------------------

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
51/52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act	<ul style="list-style-type: none"> • Staff Person A, who resides in the state of Maryland, has been performing maintenance duties in the home. He/she is on the home's payroll. The home does not have a PA State Police Criminal Background Check or an FBI Check for this employee. <p>REPEATED VIOLATION: 9/29/2010</p>	10/25/2011 1/15/2012 Ongoing	A criminal background check has been obtained for Staff Person A. The administrator will develop a new hire checklist that includes a criminal background check. Both administrators will review new hire forms prior to them being placed in the staff record to ensure that criminal background checks are completed timely.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>NSC Initials (DPW)</p> <p>12/28/11 Date</p> </div>

DEC-29-2011 12:42 AM
DEC 28 2011 11:35AM
AHL CENTRAL REGION

RECEIVED TIME DEC. 28. 11:57AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340	CURRENT LICENSE NUMBER 312800
---	---

INSPECTION DATE(S) (Include all dates of the inspection) 10/18/2011	REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo
---	--

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)
Cathy Franek

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Cathy Franek	DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Phil P. Goff	DATE 12/28/11
---	-------------------------	--	-------------------------

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (protective services for older adults) and other applicable regulations.				

DEC-29-2011 12:43 AM
DEC 29 2011 11:36AM

AKL CENTRAL REGION

RECEIVED TIME DEC. 28. 11:57AM

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340	CURRENT LICENSE NUMBER 312800
---	---

INSPECTION DATE(S) (include all dates of the inspection) 10/18/2011	REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo
---	--

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)
Cathy Franek

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cathy Franek</i>	DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Bungo</i>	DATE 12/28/11
--	-------------------------	---	-------------------------

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
55g 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	Ancillary Staff Person C did not receive training in fire safety, emergency preparedness, resident rights, Older Adult Protective Services Act, or falls and accident prevention during the training year of 2010.	11/1/2011 2/1/2012 Ongoing	Staff Person C received all the training required by this regulation. Both administrators will audit training records for all staff to ensure the required training has been conducted. The administrator will review the training schedule on a monthly basis to ensure the required trainings are scheduled for all staff.	Steps have been taken to correct violation; full compliance is not verifiable 12/28/11 NSC Date Initials (DPW)

DEC 28 2011 11:36 AM
ARL CENTRAL REGION

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Westtown, Pennsylvania 17340		CURRENT LICENSE NUMBER 312800	
INSPECTION DATE(S) (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cathy Franco</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cathy Franco</i>	DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil L. Coof</i>	DATE 12/28/11

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
(these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.6102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Lititztown, Pennsylvania 17340		CURRENT LICENSE NUMBER 312800	
INSPECTION DATE(S) (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cathy Franck</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cathy Franck</i>	DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil J. Gody</i>	DATE 12/28/11

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
105g-1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 10/18/2011, there was an accumulation of lint in the lint trap of the dryer in the home's basement.	10/18/2011 10/18/2011 Ongoing	The lint was removed the lint trap in the dryer. A sign was posted near the dryer reminding staff to clean out the lint trap after every use. The administrator or a designee will check the lint trap on a daily basis.	Stoppage near violation correct violation full compliance to not recheck 12/28/11 Date MSC Initials (DPW)

DEC-29-2011 12:45 AM
DEC. 28. 2011 - 11:3 AM
ARL CENTRAL REGION

RECEIVED TIME DEC. 28. 11:57AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340	CURRENT LICENSE NUMBER 312800
---	---

INSPECTION DATE(S) (include all dates of the inspection) 07/18/2011	REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo
---	--

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

<i>Cathy Franek</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cathy Franek</i>	DATE <i>12/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil J. Goff</i>	DATE <i>12/28/11</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
107a The administrator shall have a copy and be familiar with the emergency preparedness plan or the municipality in which the home is located.	Staff Persons D and E, the administrators, do not have and are not familiar with the emergency preparedness plan for the local municipality.	10/24/2011 1/15/2012 And ongoing	A copy of the municipality's emergency preparedness plan has been obtained. Both administrators will read the plan and be familiar with it.	NSC 12/28/11

DEC-29-2011 12:45 AM
DEC. 28. 2011 11:38AM

REGULATORY DIVISION

RECEIVED TIME DEC. 28. 11:57AM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2800

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340		CURRENT LICENSE NUMBER 312800	
INSPECTION DATE(S) (include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cathy France</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cathy France</i>		DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil P. Conry</i>
		DATE 12/28/11	

1 REGULATION 55 Pa. Code § 2800.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
132c A written fire drill record shall include the date, time, the amount of time it took for evaluation, 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 9/28/2011 at 10:02 does not include the AM or PM.	10/21/2011 Ongoing	The fire drill record has been updated to reflect that it was an AM drill. The administrator will review the fire drill record after every drill to ensure it contains the required information.	Steps have been taken to correct violation, full compliance is not verifiable NSC 12/28/11 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340	CURRENT LICENSE NUMBER 312800
---	---

INSPECTION DATE(S) (Include all dates of the inspection) 01/18/2011	REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo
---	--

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 REPRESENTATIVE <i>Cathy Frank</i>	DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil L. Coj</i>	DATE 12/28/11
---	-------------------------	--	-------------------------

1 REGULATION 55 Pa.Code § 2608.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DFW
1321 Alternate exit routes shall be used during fire drills.	There are 3 exit routes leading to the outside of the home: the main entrance on the first floor, beside the kitchen on the first floor, and the 2nd floor staircase outside. The fire drill log notes the use of 'one' or 'both' exits. Staff Person E reported that they have not been using the first floor exit route beside the kitchen.	10/25/2011 Ongoing	A fire drill utilizing the kitchen exit has been conducted to familiarize all residents with that exit. The administrator will plan and schedule fire drills that utilize the kitchen exit.	Steps have been taken to correct violation; full compliance is not verifiable NSC 12/28/11 Date Initials (DFW)

DEC-29-2011 12:47 AM
DEC. 28. 2011 11:39AM

AKL GENERAL REGION

RECEIVED TIME DEC. 28. 11:57AM

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340	CURRENT LICENSE NUMBER 312800
---	---

INSPECTION DATE(S) (include all dates of the inspection) 10/18/2011	REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo
---	--

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)
Cathy Franek

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cathy Franek</i>	DATE <i>12/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Bungo</i>	DATE <i>12/28/11</i>
--	--------------------------------	---	--------------------------------

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	On 10/18/2011, at approximately 8:00am, a lockbox of medications was unlocked and accessible in the refrigerator located in the home's kitchen. Among the contents were: <ul style="list-style-type: none"> • 7 vials of insulin, including Resident #3's Lantus (100u/ml) and Resident #4's Novolog (70-30u/ml); • Resident #4's Letanoprost 0.0025%/sol (2.5ml) (eye drops) • several suppositories, including Resident #5's Anurocort-1C Hydrocortisone Ace (25mg) 	Immediately 10/19/2011 11/2/2011 Ongoing	The lockbox in the refrigerator was locked. Staff responsible for these unlocked medications have been trained on the importance of proper medication storage. Medication storage was addressed during the staff meeting on 11/2/2011. The administrator or a designee will check the refrigerator lockbox at least once per day to ensure it is locked.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>12/28/11</i> NSC Date Initials (DPW)</p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340		CURRENT LICENSE NUMBER 312800	
INSPECTION DATE(S) (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Rebecca Riel, John Sungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cathy France</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cathy France</i>	DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil S. Coyle</i>	DATE 12/28/11

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: 14) Name and initials of the staff person administering the medication.	The medication administration record for Resident #6 does not include the staff initials of administration for the medications Lisinopril (10mg) or Atenolol/Chlorthal (50/25mg) on 10/3/2011 at 8am. There was no evidence that the resident got these medications.	10/19/2011 10/26/2011 Ongoing	The medications described in this violation were administered as ordered. The staff person responsible for administration has updated the MAR for Resident #6. All staff persons were trained on the importance of initiating the MARs at the time of administration. The administrator or a designee will audit all resident MARs on a monthly basis to ensure staff are filling them out properly.	Steps have been taken to correct violation; full compliance is not verifiable 12/28/11 Date MSC Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340	CURRENT LICENSE NUMBER 312800
INSPECTION DATE(S) (Include all dates of the inspection) 10/18/2011	REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

Signature: <i>Cathy Franz</i> SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	Date: <i>12/28/11</i> DATE	Signature: <i>Michael G. Coffey</i> REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	Date: <i>12/28/11</i> DATE
--	--------------------------------------	---	--------------------------------------

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
228a The resident shall be assessed for mobility needs as part of the resident's assessment.	Staff Persons D & E reported that they currently do not have any residents in the home with mobility needs. They are all able to get out of the home on their own during an emergency without any verbal or physical cuing. <ul style="list-style-type: none"> Resident #1's medical evaluation, dated 2/11/2011 has "Difficulty understanding and following oral directions in the event of an emergency" checked under Mobility Needs. The assessment, dated 2/28/2011 has "Independently mobile with ambulation device" checked under Mobility. The support plan, dated 2/28/2011 has "uses a walker...needs to walk at a slow pace" under Mobility Service Needs. Staff Person D confirmed that the resident uses a walker to ambulate but is able to get out of 	10/26/2011 2/1/2011 and ongoing	The medical evaluations, assessments and support plans for Residents #1 and #2 were updated by the physician and the home to reflect that they are capable of evacuating the home without physical or verbal assistance. The administrator will audit all resident records on a quarterly basis to ensure that accurate and concurring medical evaluations, assessments and support plans are present.	Steps have been taken to correct violation, full compliance is not guaranteed. 12/28/11 Date NSC Lorraine D'Amico

DEC-29-2011 12:49 AM
 DEC 28 2011 11:40AM
 RKL CENTERAL REC'D

RECEIVED TIME DEC. 28. 11:57AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME
Morning Glory Assisted Living
419 North Queen Street, Littlestown, Pennsylvania 17340

CURRENT LICENSE NUMBER
312800

INSPECTION DATE(S) (include all dates of the inspection)
01/18/2011

REGIONAL REPRESENTATIVE
Rebecca Riel, John Bungo

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)
Cathy Franck

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE
Cathy Franck

DATE
12/28/11

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
Neil D. Coff

DATE
12/28/11

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
	<p>the home without any physical or verbal cueing.</p> <ul style="list-style-type: none"> Resident #7's medical evaluation, dated 2/2/2011 has "Unable to move from one location to another without physical assistance from others" checked under Mobility Needs. The RASP, dated 3/10/2011 has "Moderate (immobile): Resident requires moderate physical or oral assistance to evacuate in an emergency" checked under Mobility and "staff will assist if necessary simply to keep track that [redacted] where [redacted] needs to be" noted under the description. <p>REPEATED VIOLATION: 9/29/2010</p>			

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

JAME AND ADDRESS OF PERSONAL CARE HOME Morning Glory Assisted Living 419 North Queen Street, Littlestown, Pennsylvania 17340	CURRENT LICENSE NUMBER 312800
---	---

INSPECTION DATE(S) (Include all dates of the inspection) 10/18/2011	REGIONAL REPRESENTATIVE Rebecca Riel, John Bungo
---	--

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

Cathy French

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cathy French</i>	DATE 12/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil L. Wolf</i>	DATE 12/28/11
--	-------------------------	---	-------------------------

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY OPW
252 Each resident's record shall include the following information: (10) A record of incident reports for the individual resident.	Resident #8's record does not include the reportable incident from 1/4/2011. Staff Person E reported that they have not been filing the incident reports in the resident records.	10/18/2011 Ongoing	The identified reportable incident has been placed in Resident #8's file. Incident reports were previously kept in a separate file. They will now be integrated with resident records	Nsc 12/28/11