

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NEW CONCEPTS INC

LEGAL ENTITY

To operate WARRIOR RUN HERITAGE HOUSE

NAME OF FACILITY OR AGENCY

Located at 11430 STATE ROUTE 44, WATSON TOWN, PA 17777

(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 20  
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 December 13, 2011 until December 13, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216960**

*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

DEC 30 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Staci Calabro, President  
New Concepts Assisted Living, Inc.  
PO Box 245  
Turbotville, Pennsylvania 17772

RE: Warrior Run Heritage House  
11430 State Route 44  
Watsonstown, Pennsylvania 17777

Dear Ms. Calabro:

As a result of the Department of Public Welfare's licensing inspection on October 20, 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,

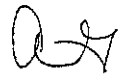
A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME WARRIOR RUN HERITAGE HOUSE, 11430 STATE ROUTE 44 WATSON TOWN, PA 17777		CURRENT LICENSE NUMBER 216960	
INSPECTION DATES (Include all dates of the inspection) 10/20/2011		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) <i>STACI CALABRO, PRES</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>11/28/30</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>12-06-11</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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The home did not have the most recent violation report posted in a public and conspicuous place.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">DEC 02 2011</div> SCRANTON FIELD OFFICE Adult Residential Licensing	<i>10/20/11</i>	<i>The Violation Report was posted on the day of inspection. Previously all VR's were posted in the home, however this administrator misunderstood that once the violations were corrected the posting was not required. In the future the administrator will be certain to post the Violation Report and maintain the posting until further notice. The administrator will monitor the posting on a routine basis. A check list was created and VR was added to the monitoring list.</i>	 <i>12-06-11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WARRIOR RUN HERITAGE HOUSE, 11430 STATE ROUTE 44 WATSON TOWN, PA 17777		CURRENT LICENSE NUMBER 216960	
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SIGNATURE OF LEGAL ENTITY <i>Staci Calabro</i>	DATE <i>11/22/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deanne Graziano</i>	DATE <i>12-06-11</i>

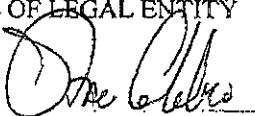
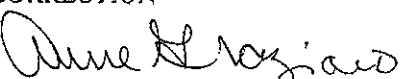
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).  Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Direct caregiver staff person "A" did not have their Pa. State Police criminal background check results returned to the facility within the required 30 days and was on the schedule to work unsupervised on the 11:00pm to 7:00am on the following dates: 10/17/2011 10/22/2011 10/25/2011 10/26/2011 10/28/2011  Repeated Violations: 08/26/2010	<i>10/22/11</i>	<i>The staff person "A" was immediately removed from the work schedule. In the future potential hires will be requested to produce a current criminal background check before hire. In addition, staff will not be added to the schedule to work unsupervised until the report is received with proper clearances</i>	Steps have been taken to correct violation; full compliance is not verified. 12-06-11 OSA Initials (DPH)

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

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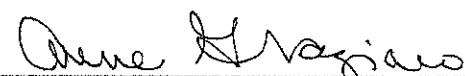
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(relating to protective services for older adults) and other applicable regulations.				

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

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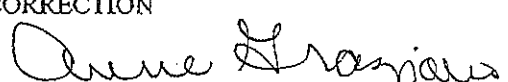
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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care giver staff person "B" did not have a high school diploma that was that was recognized by a state department of education.  Repeated Violations: 08/26/2010	<i>10/21/11</i>	<i>Staff person "B" was informed that her diploma was not recognized by PA Department of education. Staff person B made enrollment in the GED program approved by PA Dept of Education. In the future, this administrator will review all GED/Diplomas with a checklist for approved educational sources to ensure regulatory compliance. Individuals will not be hired until appropriate documents are produced.</i>	<i>Steps have been taken to correct violation; full compliance is not required. 12-06-11 Date: _____ Initials (DP/PA): _____</i>


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

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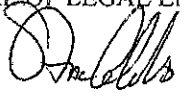

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.				


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

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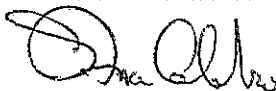

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103h Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.	At 12:54pm frozen chicken breasts were observed defrosting in the drying rack on the counter near the sink in the kitchen.	<i>10/21/11</i>	<i>On the day of inspection the chicken was moved to the refrigerator. A review was conducted with the staff person on duty for proper thawing procedures. A review was posted for all staff on proper food handling procedures. Food handling and preparation is already a part of staff orientation and annual training. The administrator will perform routine monitoring of food handling procedures by staff persons. Staff receive orientation and annual training on this topic.</i>	 <i>12-06-11</i>

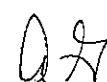
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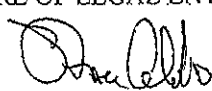

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132a An unannounced fire drill shall be held at least once a month.	Through interviews with staff members working in the home it was determined that administrator staff member "C" will inform staff members that a fire drill will be held prior to the drill being conducted.	<i>10/21/11</i>	<i>This administrator reviewed fire drill procedures with staff person "C". They report that the scheduled monthly drills that are conducted staff do not receive prior notice. When new staff are hired extra drills other than the monthly scheduled drills are performed and new staff are receive a notice and review on how to conduct a fire drill. The administrator will actively monitor fire drills to ensure notice is given prior to scheduled monthly drills</i>	 <i>12-06-11</i>																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/11/2011</td><td>08:00 PM</td><td>1min 10 secs</td><td>No</td></tr> <tr><td>Feb</td><td>02/15/2011</td><td>10:00 AM</td><td>0 mins 48 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/18/2011</td><td>01:00 PM</td><td>1 min 0 secs</td><td>No</td></tr> <tr><td>Apr</td><td>04/10/2011</td><td>09:00 PM</td><td>1 min 10 secs</td><td>No</td></tr> <tr><td>May</td><td>05/10/2011</td><td>05:00 AM</td><td>1 min 41 secs</td><td>No</td></tr> <tr><td>Jun</td><td>06/10/2011</td><td>02:00 PM</td><td>0 mins 45 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/01/2011</td><td>07:30 PM</td><td>0 mins 59 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/09/2011</td><td>10:00 AM</td><td>1 min 0 secs</td><td>No</td></tr> <tr><td>Sep</td><td>09/14/2011</td><td>09:45 AM</td><td>1mins 53 secs</td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/11/2011	08:00 PM	1min 10 secs	No	Feb	02/15/2011	10:00 AM	0 mins 48 sec	No	Mar	03/18/2011	01:00 PM	1 min 0 secs	No	Apr	04/10/2011	09:00 PM	1 min 10 secs	No	May	05/10/2011	05:00 AM	1 min 41 secs	No	Jun	06/10/2011	02:00 PM	0 mins 45 sec	No	Jul	07/01/2011	07:30 PM	0 mins 59 sec	No	Aug	08/09/2011	10:00 AM	1 min 0 secs	No	Sep	09/14/2011	09:45 AM	1mins 53 secs	No	Oct				No	Nov				No	Dec				No			
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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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The most recent medical evaluation for Resident # 1 is dated October 5, 2010. The home did not obtain an annual medical evaluation for this resident on or before the date of this inspection, October 20, 2011 as required by the Department.	10/21/11	The medical evaluation for Resident # 1 was completed at the providers on 10/18/11 but did not come back with the resident. The home made several requests for the document and therefore it was not available in the record on 10/20/11. The form was eventually forwarded from the physicians office and is in the residents record. In the future, the administrator, or a representative of the home will go to the providers office in person to receive the form in hand on the designated day, to ensure compliance of resident medical evaluations. (Copy Enclosed) A request will be made for a faxed copy before the resident leaves the office to ensure completion and compliance	 12-06-11

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

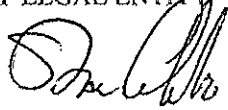
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history. (7) Medication regimen, contraindicate medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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SIGNATURE OF LEGAL ENTITY <i>Staci Calabro</i>	DATE <i>11/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE <i>12-06-11</i>


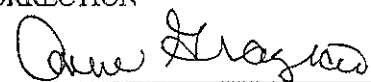
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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The following medical evaluations note "see attached" for medications. The list is attached but is not signed and dated by the physician: <ul style="list-style-type: none"> <li>• Resident # 2 dated 1/19/11</li> <li>• Resident # 3 dated 4/21/11</li> </ul> The medical evaluation for Resident # 4 notes "see attached" for medical history, diagnosis, allergies, and medications. The list is attached but is not signed and dated by the physician.  Repeated Violations: 08/26/2010	<i>10/28/11</i>	<p><i>The medication lists for Residents # 2, 3, &amp; 4 were signed by the physician and added to the resident record.</i></p> <p><i>In the future, the administrator, or a representative of the home will go to the providers office in person to receive all completed paperwork if it does not return with the resident properly completed. A check off list was created to review for proper completion. Areas that are commonly left blank are highlighted for the physician with the enclosed instructions. A request for a faxed copy before the resident leaves the office will be made to ensure changes or additions can be made immediately.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not yet achieved.                      Date: <i>12/06/11</i>                      Initials: <i>AN</i></p>


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

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SIGNATURE OF LEGAL ENTITY 	DATE <i>11/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dennis Hrazimo</i>	DATE <i>12-06-11</i>


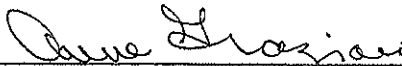
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
161f Drinking water shall be available to the residents at all times.	The home did not have drinking water that was immediately accessible to the residents. Residents were observed awaiting the attention of staff in order to obtain a drink. The home did not have cups available or a water fountain so residents were able to assist themselves. Through interviewing the administrator the home is to have a cooler filled with ice water with cups available in the dining room area but this was not in place at time of inspection.	<i>10/20/11</i>	<p><i>The cooler and cups were placed in the dining room area for resident availability. A review was conducted with staff on duty as well as a posted review for all staff.</i></p> <p><i>The administrator will routinely monitor the availability of drinking water to ensure future compliance.</i></p> <p><i>Staff are oriented and annually trained on this subject. New staff will be trained and oriented during their first 40 hours of work.</i></p> <p style="text-align: right;"><i>AD 12-06-11</i></p>	<i>AD</i> <i>12-06-11</i>


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

NAME AND ADDRESS OF PERSONAL CARE HOME WARRIOR RUN HERITAGE HOUSE, 11430 STATE ROUTE 44 WATSONTOWN, PA 17777		CURRENT LICENSE NUMBER 216960	
INSPECTION DATES (include all dates of the inspection) 10/20/2011		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) <i>Steve Crabro</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>11/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>12-06-11</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
162e A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with 161.	At 11:55am lunch was observed. The residents ate chicken nuggets, tater tots and rice pudding. The menu posted for the day reflects club sandwiches, chips and applesauce. The home did not post menu changes prior to the meal being served.	<i>10/20/11</i>	<p><i>The administrator conducted a review with the staff person on duty regarding procedures for menu changes. A review was posted for all staff regarding the procedures for menu changes as well as reporting food inventory to the administrator to ensure availability for the posted menu.</i></p> <p><i>The administrator will review weekly menus and food orders to ensure future compliance. Staff receive orientation and annual reviews on this topic.</i></p>	 <i>12-28-11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WARRIOR RUN HERITAGE HOUSE, 11430 STATE ROUTE 44 WATSONTOWN, PA 17777		CURRENT LICENSE NUMBER 216960	
INSPECTION DATES (Include all dates of the inspection) 10/20/2011		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) <i>STACI CALABRO Pres</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>11/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>12-06-11</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
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	Resident # 5 did not have a diagnosis or purpose listed with their following medications on their MAR's.  Adderall XR 30 mg cap, take 1 cap by mouth 1 time a day. Adderall XR 20 mg cap, take 1 cap by mouth in the morning. Depo-Provera 150 mg. Inject deep IM every 90 days by physician  Repeated Violations: 08/26/2010	<i>10/20/11</i>	<i>Diagnosis was added on the day of inspection. The administrator contacted the pharmacy that produced MAR's for importance of diagnosis listed with medications. A review was conducted with medications staff persons on the importance of maintaining MAR's properly. A check list is used to review MAR's before being utilized. Staff are oriented and trained annually on this topic. The administrator and assistant will conduct routine reviews of MAR's for compliance.</i>	 <i>(20611)</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WARRIOR RUN HERITAGE HOUSE, 11430 STATE ROUTE 44 WATSONTOWN, PA 17777		CURRENT LICENSE NUMBER 216960	
INSPECTION DATES (Include all dates of the inspection) 10/20/2011		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) <i>JACI CALABRO Pres</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>11/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>12-06-11</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
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;">DEC 02 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>			