

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JEFFCO HEALTH SERVICES, INC.

LEGAL ENTITY

To operate JEFFERSON COURT

NAME OF FACILITY OR AGENCY

Located at 417 RT. 28, BROOKVILLE, PA 15825

(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 48  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

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 24, 2011 until November 24, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **406240**

*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 07 2011

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

Ms. Judy Gromley, Chairman  
Jeffco Health Services, Inc.  
Jefferson Court  
417 Rt. 28  
Brookville, Pennsylvania 15825

Dear Ms. Gromley:

As a result of the Department of Public Welfare's licensing inspection on October 25, 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 JEFFERSON COURT, 417 RT 28 BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 406240	
INSPECTION DATES (Include all dates of the inspection) 10/25/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Deb McConell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Hayley Whitling Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Hayley Whitling</i>	DATE 11-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11-18-11

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
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.	<p>Therapeutic Equate Shampoo with manufacturer's label indicating "If swallowed to get medical attention or call poison control" was unlocked and accessible in resident room #13 in the secured dementia unit of the home.</p> <p>Family Dollar Nail Polish Remover with manufacturer's label indicating "If swallowed contact poison control" was unlocked and accessible in resident room #11 in the secured dementia unit of the home.</p> <p>Residents of the home have not been assessed capable of recognizing and using poisons safely.</p> <p align="center"><b>Western Region</b></p>	<p>11-16-11</p> <p>12-1-11</p> <p>12-15-11</p>	<p>Administrator bought shower caddies for all resident supplies &amp; they are kept in a locked area with their names on them. Staff will check nightly for hazardous materials. Daily room checks will be done to check for materials.</p> <p>"See Attached"</p> <p>Any resident having access to poisonous materials will be assessed capable of recognizing and using poisons safely. 11-18-11</p> <p>All staff persons will be educated on keeping poisonous materials locked and inaccessible to residents unless residents are able to safely recognize and use poisons. Documentation of education will be kept. 11-18-11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11-18-11 Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME JEFFERSON COURT, 417 RT 28 BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 406240	
INSPECTION DATES (include all dates of the inspection) 10/25/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Hayley Whitling Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Hayley Whitling</i>	DATE 11-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 11-18-11

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
90b For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.	The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 10/25/11, the home served 38 residents.	12-1-11	Two way radio was purchased. Caregivers are able to communicate with one another during a fire drill.	Steps have been taken to correct violation; full compliance is not verifiable. 11-18-11
	Western Region	12-15-11	All staff persons will be educated on the proper use of the two-way radios in the event of an emergency. Documentation of education will be kept. 11-18-11 The Administrator or designated staff person will monitor weekly that staff persons have the two-way radios immediately available to contact other staff persons in the home for assistance in an emergency 11-18-11	Date Initials (DPW)

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME JEFFERSON COURT, 417 RT 28 BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 406240	
INSPECTION DATES (Include all dates of the inspection) 10/25/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Deb McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Hayley Whitting Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Hayley Whitting</i>		DATE 11-16-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  DATE 11-18-11

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #1 is prescribed milk of magnesia as needed. The medication was not available in the home for administration.	11-16-11	Medications were ordered. Night shift (10pm-6am) will audit the med cart weekly to ensure all meds are in the med cart. Any meds not in the cart will be ordered at the pharmacy. See Attached.	Steps have been taken to correct violation; full compliance is not verifiable 11-18-11 Date Initials (DPW)
	Resident #2 is prescribed milk of magnesia as needed. The medication was not available in the home for administration.	12-15-11		
	Resident #3 is prescribed bio freeze it as needed. The medication was not available in the home for administration.		All staff persons will be educated on the proper procedures for the safe storage, security, distribution and use of medications including ordering medications in a manner to ensure all prescribed medications are available for administration.	
	<b>Western Region</b>  NOV 17 2011			

Adult Residential Licensing

11-18-11