

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARBUTUS PARK MANOR, INC.

LEGAL ENTITY

To operate ARBUTUS PARK MANOR

NAME OF FACILITY OR AGENCY

Located at 207 OTTAWA STREET, JOHNSTOWN, PA 15904

(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 35  
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 3, 2011 until December 3, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **300060**

*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

NOV 22 2011

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

Mr. Richard W. Wilson, Administrator  
Arbutus Park Manor, Inc.  
Arbutus Park Manor  
207 Ottawa Street  
Johnstown, Pennsylvania 15904

Dear Mr. Wilson:

As a result of the Department of Public Welfare's licensing inspection on October 27, 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'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Arbutus Park Manor, 297 Ottawa Street Johnstown, PA 15904		CURRENT LICENSE NUMBER 300060	
INSPECTION DATES (Include all dates of the inspection) 10/27/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 <i>Kathleen Friedel</i>	DATE 11-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil P. Cook</i>	DATE 11/15/11

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
65g 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 these	Staff persons B and C did not receive training in OAPSA or falls and accident prevention in the 2011 training year.	12-08-11  11-16-11  ONGOING	Staff personas B and C as well as the other staff members will be educated on Falls and accident prevention.  Staff persons B and C as well as the other staff members will be educated on The older adult protective services act.  THE ADMINISTRATOR WILL AUDIT ALL STAFF TRAINING RECORDS TWICE PER YEAR TO ENSURE ALL REQUIRED TRAINING TOPICS ARE COVERED FOR ALL STAFF DURING EACH TRAINING YEAR. -NSC 11/15/11	Steps have been taken to correct violation; full compliance is not verifiable 11/15/11 NSC Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Kathleen Fredus</i>	DATE 11-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael J. Goff</i>	DATE 11/15/11

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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SIGNATURE OF LEGAL ENTITY <i>Kathleen Friedel</i>	DATE 11-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Th. D. J. Coyle</i>	DATE 11/15/11

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
96b Staff persons shall know the location of the first aid kit.	Staff person A did not know the location of the first aid kit.	11-08-11	All staff persons have been re-educated in the location of the first aid kits.  <i>Kathleen Friedel</i>  Attachment	NSC 11/15/11

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, 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 records for the drills conducted in January, February, March, April, May, June, July, August and September of 2011, do not include the seconds in the evacuation times.	11-08-11  ONGOING	All staff have been re-educated on the importance of obtaining and documenting the seconds and minutes when the fire alarm sounds and the fire drill is over.  <i>Kathleen Friedel</i>  THE ADMINISTRATOR OR A DESIGNEE WILL BE RESPONSIBLE FOR DOCUMENTING FIRE DRILLS IN ACCORDANCE WITH THIS REGULATION. -NSC 11/15/11  Attachment	

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kathleen Fiedel</i>	<b>DATE</b> 11-9-11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Phil J. Gody</i>	<b>DATE</b> 11/15/11

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	<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/18/2011</td><td>01:30 AM</td><td>10min</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>01:30 AM</td><td>3min</td><td>No</td></tr> <tr><td>Mar</td><td>03/22/2011</td><td>06:49 PM</td><td>3min</td><td>No</td></tr> <tr><td>Apr</td><td>04/12/2011</td><td>12:59 AM</td><td>5min</td><td>No</td></tr> <tr><td>May</td><td>05/11/2011</td><td>01:00 PM</td><td>2min</td><td>No</td></tr> <tr><td>Jun</td><td>06/16/2011</td><td>05:00 PM</td><td>3min</td><td>No</td></tr> <tr><td>Jul</td><td>07/07/2011</td><td>10:20 AM</td><td>3min</td><td>No</td></tr> <tr><td>Aug</td><td>08/10/2011</td><td>03:15 AM</td><td>6min</td><td>No</td></tr> <tr><td>Sep</td><td>09/13/2011</td><td>01:30 PM</td><td>4min</td><td>No</td></tr> <tr><td>Oct</td><td>10/25/2011</td><td>07:00 PM</td><td>3min</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>	Month	Date	Time	Evac. Time	FSE	Jan	01/18/2011	01:30 AM	10min	No	Feb	02/28/2011	01:30 AM	3min	No	Mar	03/22/2011	06:49 PM	3min	No	Apr	04/12/2011	12:59 AM	5min	No	May	05/11/2011	01:00 PM	2min	No	Jun	06/16/2011	05:00 PM	3min	No	Jul	07/07/2011	10:20 AM	3min	No	Aug	08/10/2011	03:15 AM	6min	No	Sep	09/13/2011	01:30 PM	4min	No	Oct	10/25/2011	07:00 PM	3min	No	Nov				No	Dec				No			
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ARBUTUS PARK MANOR

814 266 7922 P.03

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>On October 27, 2011, the medication cart for the west wing of the home had Bacitracin that expired in July of 2008.</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">X</p> <p style="text-align: center; font-weight: bold;">WITHDRAWN</p> <p style="text-align: center;">- NSC 11/15/11</p>	11-08-11	<p>The bacitracin which was located in the van has been replaced. The van drivers will check the emergency kits on the first Monday of each month in the Bus and the Van.</p> <p style="margin-top: 20px;">Attachment</p>	

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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 medication administration record for Resident #1's Furosemide was not initialed as given for October 6, 2011. The medication administration record for Resident #2's antacid suspension was not initialed as given for October 13, 2011.	11-08-11	Medication nurses have been re-educated on the importance of documenting after each medication has been administered.  If shift comes on and see a blank on the MAR, the staff member will call the previous shift (medication) to verify if the medication was given. Staff will then document on the back of the MAR that the verification was made. The first staff member will then initial the next scheduled working day.  The square if omitted will be circled and the reason for omission will be documented on the back of the MAR.  <div style="text-align: right;"><i>Kathleen Friedel</i></div> Attachment	Steps have been taken to correct violation; full compliance is not verifiable 11/15/11 Date NSC 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.				