

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THOMAS AND DIANE FULMER

LEGAL ENTITY

To operate FULMERS PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 201 WOODWARD AVENUE, LOCK HAVEN, PA 17745

(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 89
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 28, 2011 until October 28, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **347360**

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

DEC 07 2011

Mr. Thomas A. Fulmer, Owner/CEO
Thomas and Diane Fulmer
333 Ertel Road
Williamsport, Pennsylvania 17701

RE: Fulmers Personal Care Home
201 Woodward Avenue
Lock Haven, Pennsylvania 17745

Dear Mr. Fulmer:

As a result of the Department of Public Welfare's licensing inspection on November 2, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.


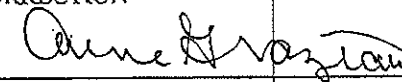
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

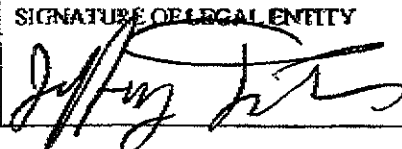

Enclosures
License
Violation Report


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

NAME AND ADDRESS OF PERSONAL CARE HOME FULMERS PERSONAL CARE HOME, 201 WOODWARD AVENUE LOCK HAVEN, PA 17745		CURRENT LICENSE NUMBER 347360	
INSPECTION DATES (Include all dates of the inspection) 11/02/2011		REGIONAL REPRESENTATIVE Ryan Novak, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>April M. Fulmer ; Administrator</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>11/08/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>11-29-11</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
103i Outdated or spoiled food or dented cans may not be used.	<p>The following items were found in the home's kitchen without expiration dates:</p> <ul style="list-style-type: none"> • 5 large plastic storage containers of cereal • 4 ½ gallon plastic containers of cereal • 1 large plastic barrel shaped container with oatmeal inside • A plastic container with a white powder that staff identified as creamer 	<p><i>11/2/11</i> <i>11/8/11</i></p>	<p>Any item that does not come with a manufacturer's date when removed from the original packaging (ex: bags of cereal), will be marked when it is put away in the storage room. [redacted] met with [redacted] + informed him that this needs to be done when food is delivered. A form was developed on which is to be marked the dates food items are opened or refilled (ex: coffee creamer, cereals). please see copy of form developed. [redacted] will be doing periodic checks in kitchen + storage area to be sure this is being done.</p>	<p><i>11-29-11</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME FULMERS PERSONAL CARE HOME, 381 WOODWARD AVENUE LOCK HAVEN, PA 17745		CURRENT LICENSE NUMBER 347360	
INSPECTION DATES (include all dates of the inspection) 11/02/2011		REGIONAL REPRESENTATIVE Ryan Novak, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Jeff Palmer - sdun.</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-29-11

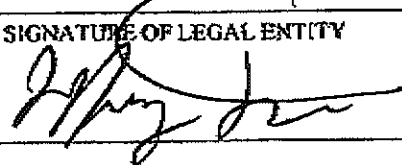
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
161d A resident's special dietary needs, as prescribed by a physician, 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 for resident #1 noted that the resident required a mechanical soft diet. The home's staff admitted that they have not been following that recommendation since the resident was admitted on 02/22/2011.	11/28/11 11/28/11	all food was purced for this resident until [redacted] was seen by [redacted] Dr. On 11/7/11 [redacted] was seen + evaluated for needing a mechanical soft diet. [redacted] Dr gave [redacted] a D/C order for this diet. A more complete list was developed showing residents with special dietary instructions. This list is posted in the kitchen area that is not accessible to any residents. see D/C order from resident's rep and sample of the form posted in kitchen.	11-29-11 



11/29/2011 11:10

FULMEROPCH

#1223 P.002

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

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INSPECTION DATES (include all dates of the inspection) 11/02/2011		REGIONAL REPRESENTATIVE Ryan Novak, Merriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jeff Farmer admn.</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 11/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Annex Brazier</i>	DATE 11-29-11

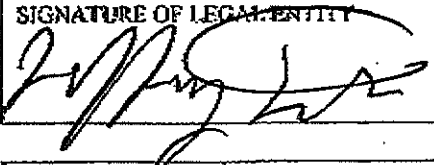

REGULATION 55 Pa.Code §2609	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	Resident #1 & #2's Advair 250/50 were not labeled the dates they were opened. The manufacturers instructions read: date disks when foil pouch is opened, disks is good for one month after opening.	11/24/11 11/28/11	All Advair disks were immediately labeled with the correct dates they were opened. The staff were all met with as a meeting in which was discussed following all special instructions for medications. We discussed this citation and changes that needed to be made.  staff member will check the disks as needed or monthly to be sure that all staff members are remembering to mark the dates down. Please all copy of notes and signed roster sheet for the meeting.	 11-29-11

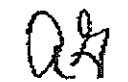
11/29/2011 11:11 AM

FULMERFORM

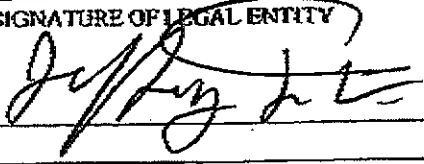

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (include all dates of the inspection) 11/02/2011	REGIONAL REPRESENTATIVE Ryan Novak, Meriam O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Jeff Fulmer admin.		
SIGNATURE OF LEGAL ENTITY 	DATE 11/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 11-29-11

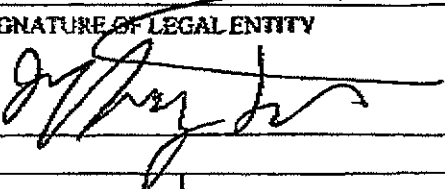
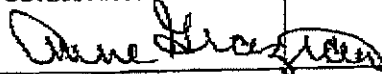
REGULATION 55 Pa.Code §2680	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	Resident #3's Advair 250/50 was dated 9/28/11. The diskus expires 1 month after opening the foil pouch of the medication.	11/21/11 11/21/11	The Advair diskus was immediately disposed of during inspection. A med staff meeting was held to discuss following the special instructions for Advair and marking dates on them + disposing of any expired diskus.	11-29-11 

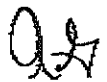
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Jett Farmer Admin.</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-29-11

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and site of the prescriber.	Resident #1 & #2's Advair 250/50 did not have their pharmacy labels attached.	11/2/11 11/8/11	The Advair disks had been taken out of their boxes for storage purposes. All were returned to their original boxes containing the pharmacy labels. All staff members were informed at a meeting that all Advairs are to be stored in the boxes with not in use. See copy of staff memo + signed roster sheet for staff meeting.	 11-29-11