

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHIRLEY HOME FOR THE AGED, INC.

LEGAL ENTITY

To operate SHIRLEY HOME FOR THE AGED

NAME OF FACILITY OR AGENCY

Located at 17050 COUNTRY VIEW LANE, SHIRLEYSBURG, PA 17260

(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 42
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 12, 2011 until December 12, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 343970

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 17 2012

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

Ms. Valerie Thomas, Administrator
Shirley Home for the Aged, Inc.
Shirley Home for the Aged
17050 Country View Lane
Shirleysburg, Pennsylvania 17260

Dear Ms. Thomas:

As a result of the Department of Public Welfare's licensing inspection on November 4, 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.

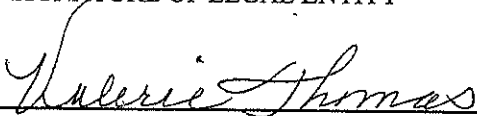
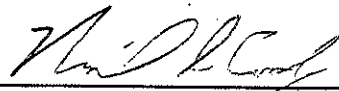
Sincerely,

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

Ronald Melusky
Director

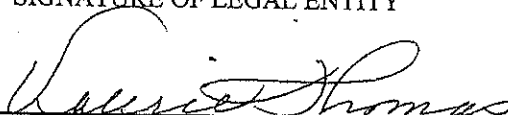
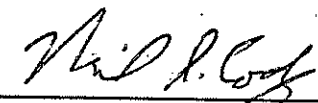
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Shirley's Home for the Aged, 17050 Country View Lane Shirleysburg, PA 17260		CURRENT LICENSE NUMBER 343970	
INSPECTION DATES (Include all dates of the inspection) 11/04/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">VALERIE THOMAS, ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 12-15-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/20/11

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
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	The following medication refill information was unlocked and accessible on top of the medication cart: <ul style="list-style-type: none"> • Resident #1's Alendronate tablet refill information • Resident #2's Cyanocobalamin 1000 mcg injectable 1ML refill information • Resident #3's Cyanocobalamin 1000 mcg injectable 1ML refill information <p style="text-align: center;">PCH Division Central Region Field Office</p> <p style="text-align: center;">DEC 20 2011</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED</p>	12/15/11	Designated a bin in the top drawer of the second floor med cart for all refills. When residents blister pack or bag becomes empty will placed in the drawer. Reorder date for med will be noted on calendar in the locked med room when to reorder. The 6AM-2PM med nurse will check drawer and calendar daily and a sign sheet will be placed in front of the 2nd floor med book to be signed off to assure med is ordered.	12/15/11 NSC 12/20/11

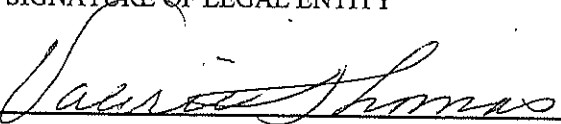

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Shirley's Home for the Aged, 17050 Country View Lane Shirleysburg, PA 17260		CURRENT LICENSE NUMBER 343970	
INSPECTION DATES (Include all dates of the inspection) 11/04/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) VALERIE THOMAS, ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY 	DATE 12-15-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/20/11

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
designated person, or if a court orders disclosure.	<p>PCH Division Central Region Field Office</p> <p>DEC 20 2011</p> <p>RECEIVED</p>			

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

Page 3 of 8

NAME AND ADDRESS OF PERSONAL CARE HOME Shirley's Home for the Aged, 17050 Country View Lane Shirleysburg, PA 17260		CURRENT LICENSE NUMBER 343970	
INSPECTION DATES (Include all dates of the inspection) 11/04/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) VALERIE THOMAS, ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY 	DATE 12-15-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/20/11

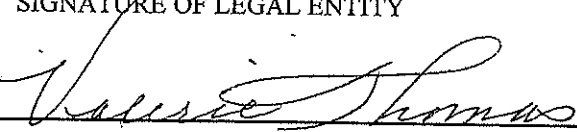
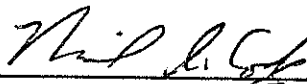
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	All bedroom doors in the home have vertical windows that measure 28 inches in length and 4 inches in width. These windows do not have curtains and deny privacy to residents.	12-15-11	A frosted spray paint was applied to all residents room door window. Door windows will be checked every 4 months and will be on the maintenance check off list.	12-15-11 NSC 12/20/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME Shirley's Home for the Aged, 17050 Country View Lane Shirleysburg, PA 17260		CURRENT LICENSE NUMBER 343970	
INSPECTION DATES (Include all dates of the inspection) 11/04/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">VALERIE THOMAS, ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY <i>Valerie Thomas</i>	DATE <i>12-15-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Coy</i>	DATE <i>12/20/11</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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The front entrance to the home has a step, but does not have a handrail.	12/14/11	A handrail has been mounted to the front entrance door that has a step. Maintenance will check every 3 months to ensure handrail is well secured to the building for residents safety. This will be added to the maintenance check off list.	12/14/11 NSC 12/20/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME Shirley's Home for the Aged, 17050 Country View Lane Shirleysburg, PA 17260		CURRENT LICENSE NUMBER 343970	
INSPECTION DATES (Include all dates of the inspection) 11/04/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">VALERIE THOMAS, ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 12-15-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/20/11

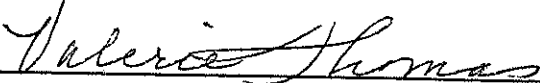
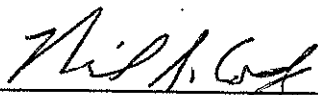
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
132f Alternate exit routes shall be used during fire drills.	From January 3, 2011, to October 9, 2011, the home used ramps 1 and 2 for all of the fire drills with the exception of the May 31, 2011, fire drill. <table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;"><u>Mont</u></th> <th style="text-align: left;"><u>Date</u></th> <th style="text-align: left;"><u>Time</u></th> <th style="text-align: left;"><u>Evac. Time</u></th> <th style="text-align: left;"><u>FSE</u></th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/03/2011</td><td>03:30 PM</td><td>3min 20sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/19/2011</td><td>02:20 PM</td><td>3min 15sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/31/2011</td><td>07:12 PM</td><td>3min 15sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/30/2011</td><td>01:15 PM</td><td>3min 45sec</td><td>No</td></tr> <tr><td>May</td><td>05/31/2011</td><td>12:30 PM</td><td>2min 45sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/29/2011</td><td>01:45 PM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/05/2011</td><td>06:15 PM</td><td>3min 25sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2011</td><td>04:20 PM</td><td>3min 40sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/27/2011</td><td>10:15 AM</td><td>3min 50sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/09/2011</td><td>10:00 PM</td><td>3min 20sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/22/2010</td><td>02:08 AM</td><td>2min 45sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/03/2010</td><td>12:25 PM</td><td>1min 50sec</td><td>No</td></tr> </tbody> </table>	<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>	Jan	01/03/2011	03:30 PM	3min 20sec	No	Feb	02/19/2011	02:20 PM	3min 15sec	No	Mar	03/31/2011	07:12 PM	3min 15sec	No	Apr	04/30/2011	01:15 PM	3min 45sec	No	May	05/31/2011	12:30 PM	2min 45sec	No	Jun	06/29/2011	01:45 PM	2min 30sec	No	Jul	07/05/2011	06:15 PM	3min 25sec	No	Aug	08/30/2011	04:20 PM	3min 40sec	No	Sep	09/27/2011	10:15 AM	3min 50sec	No	Oct	10/09/2011	10:00 PM	3min 20sec	No	Nov	11/22/2010	02:08 AM	2min 45sec	No	Dec	12/03/2010	12:25 PM	1min 50sec	No	1/2012 thur 12/2012	Alternating exit routes will be implemented on fire log sheet for 2012 for unannaced fire drills.	1/2012 thur 12/2012 <div style="font-size: x-small; text-align: center;"> Steps have been taken to correct violation; full compliance is not verifiable 12/20/11 NSC Date Initials (BPW) </div>
<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>																																																																	
Jan	01/03/2011	03:30 PM	3min 20sec	No																																																																	
Feb	02/19/2011	02:20 PM	3min 15sec	No																																																																	
Mar	03/31/2011	07:12 PM	3min 15sec	No																																																																	
Apr	04/30/2011	01:15 PM	3min 45sec	No																																																																	
May	05/31/2011	12:30 PM	2min 45sec	No																																																																	
Jun	06/29/2011	01:45 PM	2min 30sec	No																																																																	
Jul	07/05/2011	06:15 PM	3min 25sec	No																																																																	
Aug	08/30/2011	04:20 PM	3min 40sec	No																																																																	
Sep	09/27/2011	10:15 AM	3min 50sec	No																																																																	
Oct	10/09/2011	10:00 PM	3min 20sec	No																																																																	
Nov	11/22/2010	02:08 AM	2min 45sec	No																																																																	
Dec	12/03/2010	12:25 PM	1min 50sec	No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Shirley's Home for the Aged, 17050 Country View Lane Shirleysburg, PA 17260		CURRENT LICENSE NUMBER 343970	
INSPECTION DATES (Include all dates of the inspection) 11/04/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">VALERIE THOMAS, ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 12-15-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/20/11


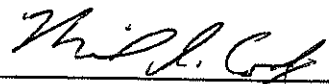
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general 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 medical evaluation for Resident #5, dated August 1, 2011, does not have the body positioning section completed or marked NA, but, the resident is on hospice and has a dermal patch. Resident #4's medical evaluation dated March 28, 2011, does not list the medications the resident is currently taking, and there is no attached list. Section 18 of Resident #6's medical evaluation dated March 22, 2011, is not completed.	12-15-11	An instruction form for completing the med evaluation per DPW will be attached to physical form. The Administrator and secretary will review each new med evaluation to ensure completion. The Shirley Home will not accept a medical evaluation form until it is completed in its entirety, per residents diagnostic and needs.	<div style="text-align: right;"> <p>Steps have been taken to correct violation, full compliance to not verifiable 12/20/11 NSC Date Initials (DPW)</p> <p>12-15-11</p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Shirley's Home for the Aged, 17050 Country View Lane Shirleysburg, PA 17260		CURRENT LICENSE NUMBER 343970	
INSPECTION DATES (Include all dates of the inspection) 11/04/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">VALERIE THOMAS, ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 12-15-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/20/11

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
history. (7) Medication regimen, contraindicated 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.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME Shirley's Home for the Aged, 17050 Country View Lane Shirleysburg, PA 17260		CURRENT LICENSE NUMBER 343970	
INSPECTION DATES (Include all dates of the inspection) 11/04/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">VALERIE THOMAS, ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 12-15-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/20/11

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening form for Resident #4 does not indicate if the resident's needs can be met in the home.	ONGOING 12/15/11	Preadmission screening will be completed in its entirety and double checked by by the Administrator and office secretary. RESIDENT #4'S PREADMISSION SCREEN WAS UPDATED WITH THE REQUIRED INFORMATION	12-15-11 <div style="font-size: small; text-align: center;">Steps have been taken to correct violation full compliance is not verifiable 12/20/11 MSC Date Initials (SPW)</div>