

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PENNSYLVANIA SOLDIERS AND SAILORS HOME

To operate PENNSYLVANIA SOLDIERS AND SAILORS HOME

Located at 560 E. 3RD STREET, P.O.B 6239, ERIE, PA 16512

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

The total number of persons which may be cared for at one time may not exceed 100
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from February 19, 2012 until February 19, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448290

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

Mr. Gary Skovron, PCH Administrator
Pennsylvania Soldiers and Sailors Home
PO Box 6239
560 East Third Street
Erie, Pennsylvania 16512

Dear Mr. Skovron:

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.

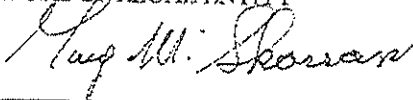
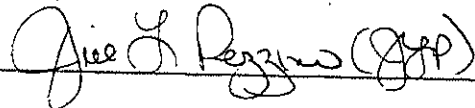
Sincerely,

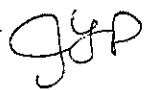
A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

| | | | |
|--|-----------------|--|-----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME PENNSYLVANIA SOLDIERS AND SAILORS HOME, 560 E 3RD STREET P O B 6239 ERIE, PA 16512 | | CURRENT LICENSE NUMBER 448290 | |
| INSPECTION DATES (Include all dates of the inspection) 11/04/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Nancy Mandoek, Susan Pollock | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) GARY M. SKOVRON PERSONAL CARE HOME ADMINISTRATOR | | | |
| SIGNATURE OF LEGAL ENTITY  | DATE 12-6-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 12-8-11 |

| 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 |
|--|--|-----------------------------|---|--|
| 20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis. | Residents #1 and #2 receive financial management from the home. However, at the time of inspection they had not yet received a quarterly account of financial transactions for the time period of 7/1/11 through 9/30/11. Western Region DEC 6 2011 Adult Residential Licensing | 12/6/11 | <ol style="list-style-type: none"> 1. Resident #1 and #2 were given copies of their quarterly account of financial transactions for the time period of 7/1/11 through 9/30/11. 2. All residents the home is given financial responsibility for will be given a quarterly itemized statement in a timely manner. 3. Audits will be conducted by the Personal Care Administrator to ensure all residents receive their statements in a timely manner quarterly X2. 4. The results of these audits will be reviewed at the quarterly Quality Assurance meeting. The Quality Assurance committee will determine the need for continuance and any additional audits/interventions to ensure on going compliance. |  12-8-11 |

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

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| SIGNATURE OF LEGAL ENTITY <i>Ray M. Skowron</i> | DATE 12-6-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i> | DATE 12-8-11 |

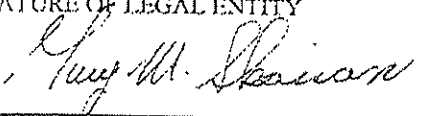
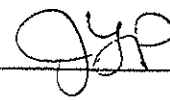
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| 42h A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. | As a result of possessing alcohol in the home, Resident #3 was restricted to the grounds of the home starting on 9/14/2011 and ending on 9/28/2011. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 8 2011</p> | 12/6/11 1/10/12 1/10/12 | <ol style="list-style-type: none"> 1. The home will not restrict residents to the grounds. 2. In the event where a resident is a danger to his/herself or others, in a non 302 situation, and/or is breaking house rules discharge may be considered. <p style="font-size: 0.8em; margin-top: 10px;">All staff persons including the administrator will receive training in residents rights from an outside source. Documentation will be kept.</p> <p style="font-size: 0.8em; margin-top: 10px;">New procedures will be developed and explained to all staff persons that prohibit residents from being punished or disciplined in any way.</p> <p style="text-align: right; font-size: 0.8em;">12-8-11 <i>JWP</i></p> | <p style="font-size: 0.8em; margin: 0;">has not been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em; margin: 0;">12/8/11 <i>JWP</i> Director (DPW)</p> |

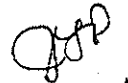
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| SIGNATURE OF LEGAL ENTITY <i>Gay M. Stovacek</i> | DATE 12-6-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i> | DATE 12-8-11 |

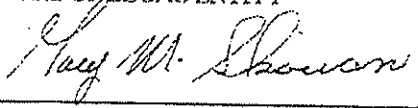
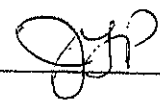
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| 42m A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan. | As a result of possessing alcohol in the home, Resident #3 was restricted to the grounds of the home starting on 9/14/2011 and ending on 9/28/2011. | 12/6/11 | <ol style="list-style-type: none"> 1. The residents' right to leave and return to the home at times consistent with house rules will be upheld for all residents. 2. The residents support plan will reflect special needs if required. 3. In the event where a resident is in danger to his/herself or others, in a non 302 situation, and/or is breaking house rules discharge may be considered. | <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;"> No 302s have been taken to correct violation; full compliance is not verifiable. </div> <div style="text-align: right; font-size: x-small;"> 12/8/11 [Signature] Initials (DPW) </div> |
| | Western Region | 1/10/12 | All staff persons including the administrator, will receive training in residents rights from an outside source. Documentation will be kept. | |
| | 2011 | 1/15/12 | New procedures will be developed and explained to all staff persons that prohibit residents from being disciplined/punished in any way. 12-8-11 JWP | |


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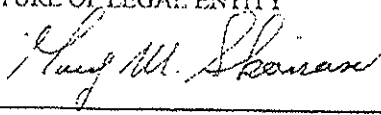

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| 103c Food shall be protected from contamination while being stored, prepared, transported and served. | In the stainless steel cooler behind the serving line in the dining room there were 2 trays of fruit bowls and 5 trays of individual cuts of pie that were uncovered. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div> <div style="text-align: center;">DEC 8 2011</div> | 12/6/11 | <ol style="list-style-type: none"> 1. The seven food trays were covered. 2. All dietary personnel will be educated on protecting food from contamination while being stored, prepared, transported and served by the Staff Development/Designee. 3. An audit will be conducted by the Quality Assurance Coordinator to ensure all food is protected from contamination while being stored, prepared, transported and served weekly x4, monthly x 2. 4. The results of these audits will be reviewed at the quarterly Quality Assurance meeting. The Quality Assurance committee will determine the need for continuance and any additional audits/interventions to ensure ongoing compliance. |  12-8-11 |

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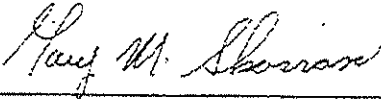
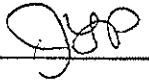
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| 141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) 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 initial medical evaluation for Resident #4, dated 1/31/11, does not contain allergy information. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">DEC 6 2011</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Adult Residential Licensing</div> | 12/6/11 | 1. The form has a designated area to be completed for allergies and immunization history. This area of the Medical Evaluation will be completed. 2. The Personal Care Administrator or designee will monitor for 3 months all annual medical evaluations completed each month to ensure they include allergies and immunization history. 3. He will present his audit findings at the facility's quarterly Quality Assurance meeting. The QA Committee will determine based on the results presented if the audit needs to be extended. |  12-8-11 |

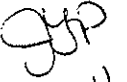
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| 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. | <h2 style="margin: 0;">Western Region</h2> <p style="margin: 0;">DEC 6 2011</p> <h3 style="margin: 0;">Adult Residential Licensing</h3> | | | |

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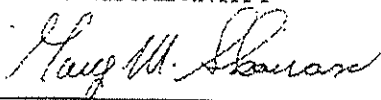

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| 183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. | Resident #5 self administers medication and stores the medication in his/her room. At 11:15 am, a bottle of MAPAP 500mg tablets was found on a table in Resident #5's room which was not locked. This medication was accessible to all residents of the home. <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> | 12/6/11 | <ol style="list-style-type: none"> 1. Resident #5's locked up the medication, MAPAP 500mg tablets, in his dresser drawer. 2. The Personal Care Administrator will meet with all of the residents to review the regulations relating to storing prescription, over the counter and complimentary alternative medications. It will be explained that these items must be kept in an area or container that is locked. 3. An audit of all resident rooms will be conducted by the Personal Care Administrator to ensure medications are kept in an area that is locked xl. Additionally random audits will be conducted monthly x3. 4. The results of these audits will be reviewed at the quarterly Quality Assurance meeting. The |  12-8-11 |

Adult Residential Licensing

Quality Assurance committee will determine the need for continuance and any additional audits/ interventions to ensure ongoing compliance.

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| 184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name. | Resident #6's MAR contains Glucose 40% Gel, administer for blood glucose of 60 - recheck blood glucose in 30 minutes. The home backstocks several packages of this gel for the group of residents who need it but none are marked with Resident #6's name. <p style="text-align: center; font-size: 1.2em;">Western Region</p> | 12/6/11 | <ol style="list-style-type: none"> 1. The unopened Glucose 40% Gel tube was labeled with resident #6's name. 2. Nursing and Pharmacy personnel will be educated that all medications belonging to the resident are identified with the resident's name. 3. All OTC and CAM medications in the nurses' station will be audited for compliance xl by the Quality Assurance Coordinator/ Designee. 4. All medications at the nurses' station will be audited for compliance by the pharmacist/ designee monthly x4 and quarterly x1. 5. The results of these audits will be reviewed at the quarterly Quality Assurance meeting. The Quality Assurance committee will determine the need for continuance and any additional audits/interventions to ensure ongoing compliance. |  12-8-11 |

Adult Residential Licensing

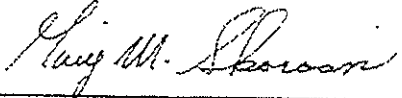
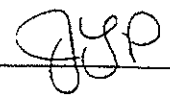
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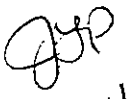
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| SIGNATURE OF LEGAL ENTITY <i>Gay M. Loran</i> | | DATE 12-6-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i> |
| | | | DATE 12-8-11 |

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| 227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. | <p>-Resident #2, admitted 5/19/11, was diagnosed with Major Depressive Disorder, Anxiety, and Alcohol Abuse on the initial medical evaluation, dated 5/19/11. The support plan, dated 6/1/11, does not mention these diagnoses.</p> <p>-An incident report to DPW dated 11/2/11 states "Resident is known to go out drinking and not return for bedcheck." This behavior is not addressed in the support plan. The Behavioral Care Services section states "N/A."</p> <p style="text-align: center; font-size: 24pt; font-weight: bold;">Western Region</p> <p style="text-align: center;">2011</p> <p style="text-align: center; font-weight: bold;">Adult Residential Licensing</p> | 12/6/11 | <ol style="list-style-type: none"> 1. Resident #2 is not currently a resident here. 2. All residents' most current support plans will be reviewed to ensure all diagnoses from the last medical evaluation are included and that pertinent behaviors and behavioral care services are included. 3. Nursing and Social Services personnel will be educated on proper documentation for support plans by Staff Development/ Designee. 4. Audits will be conducted on 25% of the most current support plans for compliance by the Social Services and Personal Care Home Administrator monthly x2 and quarterly x2. 5. The results of these audits will be reviewed at the quarterly | <i>JJP</i> 12-8-11 |

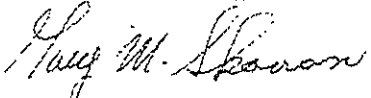
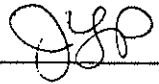
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| NAME AND ADDRESS OF PERSONAL CARE HOME PENNSYLVANIA SOLDIERS AND SAILORS HOME, 560 E 3RD STREET P O B 6239 ERIE, PA 16512 | | CURRENT LICENSE NUMBER 448290 | |
| INSPECTION DATES (Include all dates of the inspection) 11/04/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Nancy Mandock, Susan Pollock | |
| 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  | DATE 12-6-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 12-8-11 |

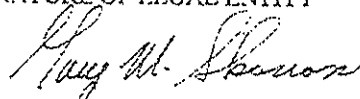
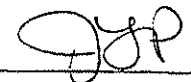
| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|--|---|-----------------------------|--|--|
| 252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name. | The photo in the record of Resident #7 was dated 7/1/08 which is more than 2 years old. Staff person A stated that the home's procedure is that if the resident looks the same they do not update the picture. <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">Western Region</p> | 12/6/11 | 1. All resident photos that are over 2 years old will be updated. 2. All resident photos will be marked with the date taken. 3. Audits will be conducted to assure photos are not more than 2 years old on 25% of the medical records monthly x4 by Social Services/designee. 4. The results of these audits will be reviewed at the quarterly Quality Assurance meeting. The Quality Assurance committee will determine the need for continuance and any additional audits/interventions to ensure ongoing compliance. |  12-8-11 |

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2609

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| address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of proscribed medications, OTC medications and CAM. (9) Dietary | <h2 style="margin: 0;">Western Region</h2> | | | |

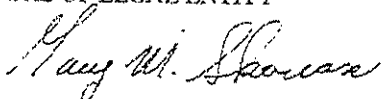
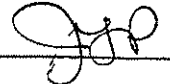
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any. | <h2 style="margin: 0;">Western Region</h2> | | | |

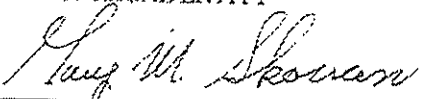
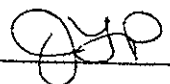
Adult Residential Licensing

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

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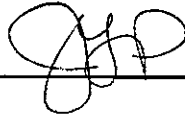
| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
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| (16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents | <h2 style="margin: 0;">Western Region</h2> | | | |

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

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| receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified | <h2 style="margin: 0;">Western Region</h2> <h2 style="margin: 0;">Adult Residential Licensing</h2> | | | |

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

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| in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any | | | | |