

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELITE CARE GROUP, LLP

LEGAL ENTITY

To operate LIZA'S HOUSE

NAME OF FACILITY OR AGENCY

Located at 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038

(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 20
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 November 24, 2011 until November 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 214770

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

JAN 05 2012

Ms. Aundrea Leonard, Owner
Elite Care Group, LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038

Dear Ms. Leonard:

As a result of the Department of Public Welfare's licensing inspection on November 17, 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', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

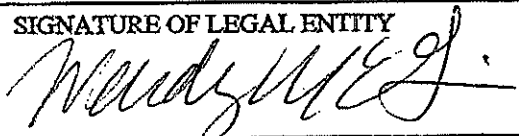

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME LIZA S HOUSE, 1357 BLUE MOUNTAIN DRIVE DANIELSVILLE, PA - 18038		CURRENT LICENSE NUMBER 214770	
INSPECTION DATES (Include all dates of the inspection) 11/17/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Wendy McGuire, ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Wendy McGuire</i>	DATE 12/5/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 12/14/11

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On 7/28/11 the water testing company conducted a Coliform E coli test. The test indicated the water exceeded the maximum contaminant level. The home did not complete an incident report to this Department. RECEIVED DEC 07 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	11/3/2012	-Detailed Initial Reportable Incident completed on 12/5/2011. See attached report. -Next water Test is due on 12/7/2011. -The facility uses only bottled water from Tulpenhocken Spring water for drinking and cooking. -The Administrator or Designee will send the completed final reportable incident and provide necessary information of progress to show compliance for this regulation. -POC added to QI Report. -Any reportable incidences will be reported within a timely manner as required by regulation 16b/c.	Steps have been taken to correct violation, full compliance is not verifiable <i>MM</i> Date (initials (DPW))

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

NAME AND ADDRESS OF PERSONAL CARE HOME LIZA S HOUSE, 1357 BLUE MOUNTAIN DRIVE DANIELSVILLE, PA 18038		CURRENT LICENSE NUMBER 214770	
INSPECTION DATES (Include all dates of the inspection) 11/17/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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 11/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/14/11

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident #2 dated 10/6/11 did not include the name/signature of the resident's payer.	11/18/11	<p>-RASP for Resident #2 was signed by the POA/payer on 11/18/2011. See attached RASP form.</p> <p>-Administrator or Designee will ensure that all RASP forms are signed by the payer in the event that the Resident refuses to sign or is unable to sign the RASP form to ensure compliance with 25b.</p> <p>-Ongoing chart audits to be conducted by the Administrator or Designee.</p> <p>-POC will be added to the QI program.</p>	<p>Steps have been taken to correct violation. Full compliance is not verifiable</p> <p>Date: 12/14/11 Initials: (DPW)</p>

NAME AND ADDRESS OF PERSONAL CARE HOME LIZA S HOUSE, 1357 BLUE MOUNTAIN DRIVE DANIELSVILLE, PA 18038		CURRENT LICENSE NUMBER 214770	
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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)			
SIGNATURE OF LEGAL ENTITY <i>Nancy W. G. J.</i>	DATE 12/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Skalczyk</i>	DATE 12/4/11

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
85a Sanitary conditions shall be maintained.	The home did not inform residents and staff that the home's drinking water was contaminated based on Benchmarks well water test report dated 7/28/2011. There was no notice to residents, staff and visitors of the potential health risk.	11/18/11	-The facility receives bottled water monthly from Tulpenhocken Spring water to use as drinking water, cooking, brushing teeth and cleaning dentures. -The Owner and Administrator spoke with the Residents and staff to notify them about the current condition of the water. See attached explanation and sign in sheet. -A notice was posted at the front door to notify all visitors about using bottled water. -Galloon Water bottles and smaller water bottles were provided for each Resident to use in their bathrooms for oral care and for drinking water. <i>Continued on next page</i>	Steps have been taken to correct violation; will complete on or before 1/1/12 Date: 1/1/12 Initials (DPW): <i>DPW</i>

NAME AND ADDRESS OF PERSONAL CARE HOME LIZA S HOUSE, 1357 BLUE MOUNTAIN DRIVE DANIELSVILLE, PA 18038		CURRENT LICENSE NUMBER 214770	
INSPECTION DATES (Include all dates of the inspection) 11/17/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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>Wendy MEG</i>	DATE 12/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>A. Moskalezyk</i>	DATE 1/24/11

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
85a Sanitary conditions shall be maintained.	The home did not inform residents and staff that the home's drinking water was contaminated based on Benchmarks well water test report dated 7/28/2011. There was no notice to residents, staff and visitors of the potential health risk.	11/18/11	<ul style="list-style-type: none"> - The 11pm-7am shift will refill all bottles as needed at the beginning and end of each shift. -All future water tests will be monitored by the DEP. -The Owner, Administrator or Designee will continue to monitor to ensure that bottled water is being used for drinking, cooking, and for oral care during am/pm daily care and make sure that water is supplied as needed to ensure compliance with 85e. -Monitoring the condition of the well water, the suggested construction on the well (see POC 89e) water testing and the use of bottled water will be added to the QI report. 	<i>Cont. from previous page</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME LIZA S HOUSE, 1357 BLUE MOUNTAIN DRIVE DANIELSVILLE, PA 18038		CURRENT LICENSE NUMBER 214770	
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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)			
SIGNATURE OF LEGAL ENTITY <i>Mindy WEG</i>	DATE 12/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 12/4/11

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
89c A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.	The home did not conduct coliform testing as required in 12/10, 3/11 and 6/11. Coliform testing is to be conducted at least every 3 months, by the Department of Environmental Protection – certified laboratory, stating that the water is below maximum contaminant levels.	12/7/11	-Next water test due on 12/7/2011. -Reminder set for required dates of water testing. See attached calendar. -Administrator, Owner or Designee to ensure compliance with 89c. -A representative from the Department of Environmental Protection was in the facility on 11/10/11 to meet with the Owner. As per the DEP regulation we are now categorized as a Transient non-community water system. Benchmark Analytics who analyzes our water tests will be sending all of our future water test results to the DEP for monitoring. The Representative from the DEP also looked at and evaluated the facility well with the Owner on this date. -See attached documentation. -POC will be added to the QI report.	<p align="center">Steps have been taken to correct violation. Full compliance is not verifiable.</p> <p align="center">Date: <i>12/7/11</i> Initials (DPW): <i>DPW</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME LIZA S HOUSE, 1357 BLUE MOUNTAIN DRIVE DANIELSVILLE, PA 18038		CURRENT LICENSE NUMBER 214770	
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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)			
SIGNATURE OF LEGAL ENTITY <i>Mandy McG...</i>	DATE 12/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Morsalczyk</i>	DATE 12/4/11

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
89e The home shall keep documentation of the laboratory certification, in addition to the results and corrections made to ensure safe water for drinking.	The well water test report dated 7/28/2011 indicated 1) "The total Coliform CFU/100 ml or the TNTC= positive and too numerous to count > 200 CFU/100ml. Value exceeded the Maximum Contaminant Level or other Regulatory Level." - From the company that tested the well water. Two months later, on 9/7/11 a second test report was completed and indicated the following: "Total Coliform TNTC = positive and too numerous to count 200 CFU/100ml. X= Value exceeds Maximum Contaminant Level or other Regulatory Level." From the coliform test date of 7/28/2011 at which time the home's drinking water was deemed contaminated to 10/3/11, the home failed to take corrective action to resume safe consumption of the drinking home's water. Repeated Violations: 09/23/2010	12/28/11	-Department of Environmental Protection was at the facility on 11/10/2011 to inspect the facility well. -During the visit DEP inform the Owner and the Administrator that the well is susceptible to standing water. Discussion occurred on how to resolve this issue. -The Owner contacted [redacted] of Bellview Pump to come out and look at the Well on 11/18/2011. At this time the suggestion is to extend the well casing from the bottom of the pit to the top of pit and seal it. This should eliminate the standing water. The Owner is waiting for availability from the company to complete the job. -DEP will conduct a follow up inspection to verify that the standing water has been eliminated.	Steps being taken to correct violation: full compliance is not verifiable Date: [redacted] Initials (DPW): [redacted]

-Monitoring the progress of the well construction will be added to the QI report

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Nancy MEG</i>	DATE 12/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>R. Nozalezyk</i>	DATE 12/4/11

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
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's Advair 100/50 diskus was not labeled the date it was opened. The manufacturer's instructions read: use by date is 1 month from date of opening pouch. RECEIVED DEC 07 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	12/3/11	-New Advair 100/50 diskus for Resident #1 was started and opened on 12/3/11. See attached copy. -In-service completed for all medication trained employees to cover RCG 1.0 #183a1/a2/b/c/d/e/f and the Advair Diskus Manufacturers Guide. See Attached form. -Administrator or Designee will check the Advair 50/100 Diskus for Resident #1 monthly to ensure that the Diskus is labeled properly with the date for the "pouch opened" and "use by" date during the MAR review. -Administrator or Designee will ensure compliance with regulation 183e and add the violation to the QI report for monitoring.	Steps have been taken to correct violation; full compliance is not verifiable Date: <i>12/3/11</i> Initials (DPW): <i>AV</i>