

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PARKER PERSONAL CARE, INC.

LEGAL ENTITY

To operate PARKER PERSONAL CARE FACILITY

NAME OF FACILITY OR AGENCY

Located at 226 SEWARD AVENUE, PARKER, PA 16049

(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 40
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: 426560

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 0 5 2012

Ms. Debbie Dunkle, Administrator
Parker Personal Care, Inc.
c/o YWCA
120 W. Cunningham Street
Butler, Pennsylvania 16001

RE: Parker Personal Care Facility
226 Seward Avenue
Parker, Pennsylvania 16049

Dear Ms. Dunkle:

As a result of the Department of Public Welfare's licensing inspection on November 22, 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 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 PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE Dennis Rapon, Joseph Phillips	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Deborah Dunkle LPA RCHA			
SIGNATURE OF LEGAL ENTITY 	DATE 12-02-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-5-11

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
101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There is no bedside table or shelf beside the bed in resident room #17. There is no bedside table or shelf beside the bed in resident room #19. There is no bedside table or shelf beside the bed in resident room #23.	11/22/11 - #17 11/22/11 to be done by 12-05-11 11-22-11	#17 Maintenance Returned nightstand to room - by bed - was out of room for repairs. Verified by Bldg. supervisor on 11-22-11 #19 Resident refuses to have bedside table. Study will be anchored to wall @ bed sides and lamp placed upon it - by 12-05-11 - and verified by Bldg. supervisor & administrator. #23 Maintenance of bldg. supervisor brought another ottoman to bedside w/ lamp - since resident moved other ottoman over beside side chair on 11-22-11.	12-5-11 9

12-25-11 - The Administrator or designated staff person will check all resident rooms weekly to ensure each resident bed has a bedside table or shelf.
12-5-11 y

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

003/008

PARKER PERSONAL CARE HOM

12/02/2011 17:07 FAX 724 399 4358

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
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SIGNATURE OF LEGAL ENTITY 	DATE 12-02-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12-5-11

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Room #17 does not have a bedside lamp of a source of lighting that can be turned on/off at bedside. Room #23 does not have a bedside lamp of a source of lighting that can be turned on/off at bedside.	11-22-11 11-22-11 11-23-11	Lamp placed on returned night stand on 11-22-11 @ bedside & verified by office assistant. Lamp placed on bedside table on 11-22-11 & verified by office assistant. Staff will all be educated on importance of residents having lamps beside their beds to be able to turn on/off @ bedside - staff meeting 11-23-11, @ 2pm, by nurse administrator. Also, included the importance of bedside tables or wall-mounted shelves.	

12-25-11 The Admin's factor or designated staff person will check all resident rooms weekly to ensure each resident has a lamp or source of lighting that can be turned on/off at bedside. 12-5-11

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

004/008

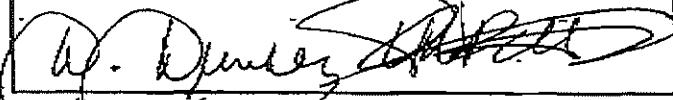
PARKER PERSONAL CARE HOM

12/02/2011 17:08 FAX 724 388 4358

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
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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
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 #1, dated 5/18/11, does not include medication regimen. The medical evaluation for resident #2, dated 6/8/11, does not include medication regimen.	12-01-11 #1	Medication regimen was attached to MA - but dr. had not signed or dated page updated w/ signature & date on 12-01-11. Copy attached.	12-5-11 9
		12-01-11 #2	Medication regimen updated - med dosages put on MA - & updated 12-01-11 & dr. signature. Copy attached.	
		11-23-11	Office staff notified 11-23-11. Medical evals will be checked and scrutinized by office assistant and nurse/allow. upon receipt & clarified by dr. same day if not complete.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
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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.				

005/008

PARKER PERSONAL CARE HOM

12/02/2011 17:08 FAX 724 389 4358

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE Dennis Ropta, Joseph Phillips	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 12-02-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12-5-11

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 for resident #2, admitted on 6/8/11, does not indicate a date of completion or if the home can meet the needs of the resident. <i>(resident was admitted 6-14-11)</i>	12-01-11	#2 Completion date & ability of home to meet needs verified in update 12-01-11 by nurse/administrator. copy attached. (for resident #2)	Steps have been taken to correct violation; full compliance is not verifiable 12-5-11 Date: Initials (DPW)
	The preadmission screening for resident #3, admitted on 7/13/11, does not indicate a date of completion or if the home can meet the needs of the resident.	12-01-11	#3 Completion date & ability of home to meet needs verified in update 12-01-11 by nurse/administrator. copy attached. (for resident #3)	
	The preadmission screening for resident #4, admitted on 6/28/11, does not indicate a date of completion or if the home can meet the needs of the resident.	12-01-11	#4 Completion date & ability of home to meet needs verified in update 12-01-11 by nurse/administrator. copy attached. (for resident #4)	

11-23-11
 Staff meeting - notification - 11-23-11
 office assistant to double check
 all prescreens for completion same day.

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426569	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE Dennis Rapon, Joseph Phillips	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>		DATE 12-02-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE 12-5-11

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #5's assessment, dated 9/12/11; does not list the resident's diagnosis of HTN, prostate cancer and glaucoma indicated on the medical evaluation dated 9/2/11. Resident #6's assessment, dated 5/9/11, does not list the special dietary needs of a high calorie supplement liquid twice a day indicated on the resident's medical evaluation dated 4/25/11.	11-22-11 11-22-11	#5 updated (diagnosis) on assessment 09-12-11 by nurse (administrator on 11-22-11 (copy attached for resident #5.) #6 dietary supplement has been added & updated to assessment to correspond to medical eval dated 4-25-11 (for resident #6 - copy attached).	
		11-23-11	Staff meeting training - for office assistant to double check all assessments - making sure all corrections are followed after completed.	

12-25-11 The Administrator or designated staff person will review all current and newly completed assessments for accuracy and completion including diagnoses.
12-5-11