

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HENDORN, INC.

LEGAL ENTITY

To operate COLE MANOR

NAME OF FACILITY OR AGENCY

Located at 101 MAPLE STREET, COUDERSPORT, PA. 16915

(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 30
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 8, 2011 until December 8, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242630

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

FEB 03 2012

Mr. Edward C. Pitchford, CEO
Hendorn, Inc.
Cole Manor
101 Maple Street
Coudersport, Pennsylvania 16915

Dear Mr. Pitchford:

As a result of the Department of Public Welfare's licensing inspection on December 1, 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'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLE MANOR, 101 MAPLE STREET COUDERSPORT, PA 16915		CURRENT LICENSE NUMBER 242630	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Jason Harvey	
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; margin: 0;"><i>VIDA GLOVER ADMINISTRATOR</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Vida Glover Adm.</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gene H. [Signature]</i>	DATE <i>1-19-12</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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's written reportable incident policy does not address the following required elements: prevention, investigation and management of reportable incidents. <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center; margin: 0;">JAN 12 2011</p> SCRANTON FIELD OFFICE Adult Residential Licensing	<i>01-03-12</i>	<i>Current policy attached, it is in the process of being revised. Date to be complete by 01-20-12. Being revised by Adm. [Redacted] and [Redacted]. Adm used fax the updated policy upon completion. [Signature]</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>01-19-12</i> (Initials (DPW))

VIOLATION REPORT
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 style="text-align: center;"><i>VIDA BLOVER</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Vida Glover, Adm.</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</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
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 dated 9/30/11 for resident #1 was not signed by the resident.	<i>12-1-11</i>	<i>Residents POA signed again and stated as to why [redacted] mother did not sign [redacted] see attached. In the future, Adm will review contract signatures to insure completeness and compliance. AJ 1-19-12</i>	Steps have been taken to correct violation; full compliance is not verified. <i>[Signature]</i> Date: <i>1-19-12</i> Initials: <i>[Signature]</i>

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SIGNATURE OF LEGAL ENTITY <i>Vida Glover Adm.</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</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
26b The quality management plan shall address the periodic review and evaluation of the following: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home's written quality management plan does not address the periodic review and evaluation of the reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, and resident or family councils, if applicable.		<p style="font-size: 1.2em;"><i>Date to be completed by 01-20-12</i></p> <p style="font-size: 1.2em;"><i>Being revised by Adm. and [Redacted]</i></p> <p style="font-size: 1.2em;"><i>In the future, the Adm. will establish a checklist of all items to be addressed in the QMP and insure that all required elements are addressed.</i></p> <p style="font-size: 1.2em;"><i>1-19-12</i></p>	<p style="font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verified to date</p> <p style="font-size: 0.8em;">[Signature] (Initials) (CPM)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Vida Blower, Adm.</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Jesse Hummel</i>	DATE <i>1-19-12</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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	On 11/26/11 and 11/27/11 23 residents were present in the home. The home did not have any staff present in the home who were certified in First Aid and CPR at any point during these specified days.	<i>12-29-11</i>	<i>At the current time all staff have First Aid & CPR up to date. See attached Re-certification was not completed on time due to staff leaving their position in CCMH Staff Development Dept. In the future, Adm will maintain a list of staff First Aid & CPR dates to be updated annually to insure compliance. CJ</i>	<i>Steps have been taken to correct violation full compliance is now verified. Date: 1-19-12 Initials: (CJ)</i>

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SIGNATURE OF LEGAL ENTITY <i>Vida Glover Adm</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Jesse Hummel</i>	DATE <i>1-19-12</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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (4) Reporting of reportable incidents	Direct care staff person A was hired on 7/11/11. Staff Person A was not trained in Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. Direct care staff person B was hired on 8/30/11. Staff person B was not trained in Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.	<i>12-1-11</i>	<i>Staff person A completed Older Adult Protective Services training, see attached</i>	Steps have been taken to correct violation. Full compliance is not verifiable Date: <i>1-19-12</i> Initials: <i>JJH</i>
		<i>10-13-11</i>	<i>Staff person B did complete this training presented by Potter County AAA on 10-13-11 see attached</i> <i>* Added to Cole Manor New Employee Training Record to ensure training is completed</i> <i>see attached</i> <i>Adm will review new Employee training records to insure compliance @</i>	

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SIGNATURE OF LEGAL ENTITY <i>Vida Glover Adm</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</i>

REGULATION 55 Pa.Code §2600 and conditions.	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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SIGNATURE OF LEGAL ENTITY <i>Vida Glover Adm</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Arene Strayla</i>	DATE <i>1-19-12</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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	Resident room #3 and resident room #19 both have telephones that have an outside line. The emergency service numbers were not posted on or near the telephones. Repeated Violations: 09/21/2010	<i>12-1-11</i>	<i>Tags with emergency services phone numbers were placed on phones while inspectors were still at Cole Manor. Staff advised that if they should see that a resident has a new phone to advise the adm. so phone can be tagged. Adm will make periodic checks of phones located throughout the facility to insure proper compliance w/ posting of emergency phone #s.</i> <i>AT 1-19-12</i>	<i>Steps have been taken to correct violation. All compliance is achieved.</i> Date: <i>1/19/12</i> Initials: <i>JSW</i>

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The bathroom ventilation fan located in the bathroom #8 was inoperable.	<i>12-1-11</i>	<i>COMH Maintenance Dept. was notified and sent staff to Cole Manor; ventilation fan was fixed while inspectors were still at Cole Manor. Adm will make periodic facility walkthroughs to insure physical site regulations are correctly adhered to. AS 1-19-12</i>	<i>Steps have been taken to correct violation. Full compliance is not expected. Date 1-19-12. MHA/CPH</i>

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SIGNATURE OF LEGAL ENTITY <i>Vida Blower</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</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
103g Food shall be stored in closed or sealed containers.	The following food items located in the main refrigerator inside the kitchen were not properly sealed: 2- 5lbs bags of buttermilk biscuit mix. 1- 5lbs bag of R&H buttermilk pancake mix.	<i>12-1-11</i>	<i>Bags were properly sealed while inspectors were still at Cole Manor. Kitchen staff are aware on how to properly seal an open bag and will take time to make sure this is done. Adm will make periodic reviews of the home's kitchen to insure compliance w/ physical plant regulations.</i> <i>[Signature]</i> , 1-19-12	Steps have been taken to correct violation. Full compliance is not expected. <i>[Signature]</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Vida Blover Adm</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Jesse Hummel</i>	DATE <i>1-19-12</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
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	Department Representatives observed the dryer duct of the home's dryer located in the basement was not connected properly to the dryer. Department Representatives observed a heavy accumulation approximately 1/2 inch thick of lint on the floor behind the dryer as well as an accumulation on the pipes behind the dryer.	<i>12-1-11</i>	<p><i>CCMH Maintenance Staff here, cleaned and fixed dryer vent and cleaned behind them while inspectors were still at Cole Manor. Maintenance staff does do this on a regular basis. At sometimes the dryer must have been moved to have vent come off. Adm or home's maint. staff will check dryer venting & ductwork to insure proper adherence to manf. directions CS. 1-19-12</i></p>	<p style="font-size: small; text-align: center;">Steps have been taken to correct violation. All compliance is in accordance with 55 Pa. Code §2600. Initials: <i>CS</i> Date: <i>1-19-12</i></p>

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

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124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or if any assistance is needed in an evacuation.	<i>01-03-12</i>	<i>A letter to Coudersport Fire Dept and a copy of Cole Manor floor plans sent certified mail. See attached. The adm will maintain & adhere to a system that will remind adm of this issue on an annual basis, or more frequently as mobility needs of residents may change. [Signature] 1-19-12</i>	Steps have been taken to correct violation; full compliance is not verified. Date: <i>1-19-12</i> Initials: <i>[Signature]</i>

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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	Department Representatives observed 40 to 50 pieces of scrap paper accumulated behind the home's clothes dryer.	<i>12-1-11</i>	<i>Staff kept a small container of scrap paper to write on, this fell off the shelf above the washer & dryer. Cleaned up while inspectors were still at Cole Manor and all note paper was removed from the laundry room at the time of inspection. Adm or maint. staff will conduct periodic walk thru of the home to detect and correct any possible issues related to fire safety. (S) 1-19-12</i>	<i>[Signature]</i> Date <i>1-19-12</i> Initials (DPM) Steps have been taken to correct violation; full compliance to be verified by Date

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Vida Blover Adm.</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Jesse Hummel</i>	DATE <i>1-19-12</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																																																																	
132a An unannounced fire drill shall be held at least once a month.	The home did not conduct a fire drill for the month of November 2011. <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/10/2011</td><td>02:55 PM</td><td>2min 45sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>11:29 AM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/11/2011</td><td>04:30 AM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/25/2011</td><td>01:40 PM</td><td>2min 33sec</td><td>No</td></tr> <tr><td>May</td><td>05/22/2011</td><td>09:15 AM</td><td>2min 5sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/14/2011</td><td>02:00 PM</td><td>2min 10sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/06/2011</td><td>02:40 PM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/10/2011</td><td>10:50 AM</td><td>2min 00 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2011</td><td>10:00 AM</td><td>2min 45sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/20/2011</td><td>06:09 PM</td><td>2min 58sec</td><td>Yes</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td>12/14/2010</td><td>04:10 PM</td><td>2min 00sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/10/2011	02:55 PM	2min 45sec	No	Feb	02/28/2011	11:29 AM	2min 30sec	No	Mar	03/11/2011	04:30 AM	2min 30sec	No	Apr	04/25/2011	01:40 PM	2min 33sec	No	May	05/22/2011	09:15 AM	2min 5sec	No	Jun	06/14/2011	02:00 PM	2min 10sec	No	Jul	07/06/2011	02:40 PM	2min 30sec	No	Aug	08/10/2011	10:50 AM	2min 00 sec	No	Sep	09/29/2011	10:00 AM	2min 45sec	No	Oct	10/20/2011	06:09 PM	2min 58sec	Yes	Nov				No	Dec	12/14/2010	04:10 PM	2min 00sec	No	<i>12-2-11</i>	<i>Fire drill conducted See attached Adm. did appoint staff person [redacted] to be in charge of holding monthly drills to help ensure no months are missed. Adm will review fire drill plans monthly w/designated staff person in order to insure compliance and on-going resident safety. Staff Safety. 1-19-12</i>	<i>Steps have been taken to correct violation; full compliance to be notified to [redacted] 1-19-12</i> Date: <i>1-19-12</i> Initials: <i>[Signature]</i> (PWS)
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME COLE MANOR, 101 MAPLE STREET COUDERSPORT, PA 16915		CURRENT LICENSE NUMBER 242630	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Jason Harvey	
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;"><i>VIDA GLOVER</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Vida Glover Adams</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Jesse Hummel</i>	DATE <i>1-19-12</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																																																																	
132f Alternate exit routes shall be used during fire drills.	<p>The home is not alternating exit routes used during fire drill evacuations. The home has utilized "all" exit routes during monthly fire drills held from 12/14/10 through 10/20/11.</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/10/2011</td><td>02:55 PM</td><td>2min 45sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>11:29 AM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/11/2011</td><td>04:30 AM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/25/2011</td><td>01:40 PM</td><td>2min 33sec</td><td>No</td></tr> <tr><td>May</td><td>05/22/2011</td><td>09:15 AM</td><td>2min 5sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/14/2011</td><td>02:00 PM</td><td>2min 10sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/06/2011</td><td>02:40 PM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/10/2011</td><td>10:50 AM</td><td>2min 00 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2011</td><td>10:00 AM</td><td>2min 45sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/20/2011</td><td>06:09 PM</td><td>2min 58sec</td><td>Yes</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td>12/14/2010</td><td>04:10 PM</td><td>2min 00sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/10/2011	02:55 PM	2min 45sec	No	Feb	02/28/2011	11:29 AM	2min 30sec	No	Mar	03/11/2011	04:30 AM	2min 30sec	No	Apr	04/25/2011	01:40 PM	2min 33sec	No	May	05/22/2011	09:15 AM	2min 5sec	No	Jun	06/14/2011	02:00 PM	2min 10sec	No	Jul	07/06/2011	02:40 PM	2min 30sec	No	Aug	08/10/2011	10:50 AM	2min 00 sec	No	Sep	09/29/2011	10:00 AM	2min 45sec	No	Oct	10/20/2011	06:09 PM	2min 58sec	Yes	Nov				No	Dec	12/14/2010	04:10 PM	2min 00sec	No		<p>The administrator will review fire safety by designated staff person on a monthly basis in order to insure proper fire drills are conducted, including alternating fire exits used as noted in the two (2) December 2011 fire drills. See fire drill log.</p>	<p style="text-align: center;">Steps have been taken to correct violation, full compliance to not verified</p> <p style="text-align: center;">Date: <i>1/19/12</i> Initials: <i>JJH</i></p>
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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) <i>VIDA GLOVER</i>			
SIGNATURE OF LEGAL ENTITY <i>Vida Glover Adm</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Jesse Hummel</i>	DATE <i>1-19-12</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
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	<p>The medical evaluation for resident #2 dated 6/6/2011, indicated "see attached" for medications; the medical evaluation did not contain an attachment. Therefore the medical evaluation does not include the residents medication regimen.</p> <p>The medical evaluation for resident #3 dated 6/8/2011, did not contain medications and body positioning.</p>	<p><i>01-02-12</i></p> <p><i>01-02-12</i></p>	<p><i>Resident #2</i> <i>See attached, Medication sheets</i></p> <p><i>Resident #3</i> <i>See attached, Medication sheets, on medical evaluation doctor had checked NA on body positioning</i></p> <p><i>The adm will review new resident med evals, as well as annual med evals to insure evals are correct, complete and adhere to associated regulations</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>1-19-12</i></p> <p><i>Initial Date</i></p>

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

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SIGNATURE OF LEGAL ENTITY <i>Vida Glover Admin</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</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
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.				

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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
<p>182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.</p>	<p>Staff person C last completed the medication administration annual practicum on 7/25/10. Staff person C has not fully completed the medication administration annual practicum for 2011. Staff person A completed only 3 of the 4 required Medication Administration Record Reviews and only 1 of the 2 required Medication Administration Observations.</p> <p>Staff person D last completed the medication administration annual practicum on 8/23/10. Staff person D has not fully completed the medication administration annual practicum for 2011. Staff person D completed only 3 of the 4 required Medication Administration Record reviews and only 1 of the 2 required Medication Administration Observations.</p> <p>Staff person C and D both regularly administer medications to residents of the home.</p>	<p><i>01-03-12</i></p>	<p><i>MARS for staff person C & D have been reviewed and documented, 2 additional Medication Administration Observations have been done. Adm. has since obtained a monthly planner and has documented to when each employee is due for MAR review and observation of medication administration is completed in the annual time frame.</i></p>	<p><i>1-19-12</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Vida Glover Admin.</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane H. [Signature]</i>	DATE <i>1-19-12</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
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.				

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

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The Medication Administration Record for resident #4 did not indicate a diagnosis or purpose for Tylenol 650mg PRN and Deep Sea Nasal Spray 0.65%, 1 spray in each nostril.	<i>12-01-11</i>	<i>Diagnosis or purpose was added to medication sheet during inspection see attached</i> <i>The Adm will conduct periodic reviews of the MARs for the homes residents to insure proper recording and information provided is accurate & complete. CJ. 1-19-12</i>	<i>Steps have been taken to correct violation, full compliance to regulatory verification</i> <i>1-19-12</i> Date Initials (DPW)

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Vida Blower Adm.</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</i>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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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 in the record of resident #5 (dated 6/1/2011) did not indicate the resident's level of supervision, medical care, special care needs or behavioral needs.	<i>01-02-12</i>	<i>Preadmission has been completed See attached The adm will review preadm screens for all new residents to insure completeness, correctness, adherence to regulations. @ 1-19-12</i>	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> <p style="margin: 0;">Steps have been taken to correct violation. Full compliance is not yet achieved.</p> <p style="margin: 0;">Date: <i>1-19-12</i></p> <p style="margin: 0;">Initials: <i>[Signature]</i></p> </div>	

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

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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 #1 was admitted on 9/30/11. The initial assessment in the record of resident #1 was not dated to indicate the assessment was completed within 15 days of admission.	<i>01-03-12</i>	<i>Unable to do a new assessment, [redacted] moved out of Cole Manor on 11-30-11 I've attached Adm. will take time to be sure to add completion dates. Adm will review all new assessments in the future to insure timeliness and completeness</i>	<i>Steps have been taken to correct violation; full compliance is not verified Date: 1-19-12 Initials: (JPH)</i>

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

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #1 was admitted on 9/30/11. The initial support plan in the record of resident #1 was not dated to indicate the support plan was completed within 30 days of admission.	<i>01-03-11</i>	<i>Unable to complete new support plan [redacted] moved out of Cole Manor on 11-30-11. Admin. will take time to date plans as completed. See attached Admin will review new support plans in the future to insure timeliness and completeness.</i>	<i>1-19-12</i> <i>[Signature]</i>

Steps have been taken to correct violation. Full compliance is not verifiable
Date: *1-19-12*
Initials: *[Signature]*

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

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SIGNATURE OF LEGAL ENTITY <i>Vida Glover Adm</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</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
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.	Resident #2's support plan dated 6/28/2011 does not address Dental service needs, Vision service needs, Mental Health service needs or Behavioral service needs. Resident #5 's support plan dated 6/1/2011 does not address Dental service needs, Vision service needs, Mental Health service needs or Behavioral service needs.	<i>01-02-12</i>	<i>See attached Support Plan Completed</i>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verified. Date: <i>1-19-12</i> Initials (DPR): <i>[Signature]</i></p> </div>	<i>01-02-12</i>
			<i>See attached Support Plan Completed</i> <i>In the future, ADM will review RES. sup. plans (or RASP) to insure completeness, correctness and compliance w/ regulations. Q</i> <i>1-19-12</i>		

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLE MANOR, 101 MAPLE STREET COUDERSPORT, PA 16915		CURRENT LICENSE NUMBER 242630	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Jason Harvey	
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;"><i>VIDA BLOUER</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Vida Blouer Adm</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</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
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 records for resident #1, #2, #3, #5, and #6 did not indicate the resident's identifying marks, if any.	<i>01-02-12</i>	<i>Identifying marks completed. Adm. will do this at the time of admission to be sure it is completed.</i> <i>Periodic file reviews will be conducted by Adm to insure ongoing correctness, completeness & compliance.</i> <i>[Signature]</i> <i>1-19-12</i>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation. Full compliance to not re-occur.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: <i>1-19-12</i> Initials (DPW): <i>[Signature]</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLE MANOR, 101 MAPLE STREET COUDERSPORT, PA 16915		CURRENT LICENSE NUMBER 242630	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Jason Harvey	
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;"><i>VIDA GLOVER</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Vida Glover (Director)</i>	DATE <i>01-03-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</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
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 prescribed medications, OTC medications and CAM. (9) Dietary				

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLE MANOR, 101 MAPLE STREET COUDERSPORT, PA 16915		CURRENT LICENSE NUMBER 242630	
INSPECTION DATES (Include all dates of the inspection) 12/01/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Jason Harvey	
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; margin: 0;"><i>VIDA BLOVER</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Vida Glover Adm</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1-19-12</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
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.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLE MANOR, 101 MAPLE STREET COUDERSPORT, PA 16915		CURRENT LICENSE NUMBER 242630	
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SIGNATURE OF LEGAL ENTITY <i>Vida Blover Admin</i>	DATE <i>01-03-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Jesse Hummel</i>	DATE <i>1-19-12</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
(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					

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
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				

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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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">JAN 12 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE</div> <div>Adult Residential Licensing</div>				