

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHARON AHEARN

LEGAL ENTITY

To operate ADULT PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 44 BROAD STREET, PITTSTON, PA 18640

(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 8  
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 January 11, 2012 until January 11, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 243860

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 26 2012

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

Ms. Sharon Ahearn, Owner  
Adult Personal Care Home  
44 Broad Street  
Pittston, Pennsylvania 18640

Dear Ms. Ahearn:

As a result of the Department of Public Welfare's licensing inspection on December 6, 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 cursive script that reads "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Care home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Sharon Ahearn Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Sharon Ahearn</i>	DATE <i>12-6-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE <i>1-5-12</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
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	Resident #1 withdrew \$50.00 on 11/4/11. The home's records do not indicate the remaining balance nor did the resident sign a receipt for the transaction. Resident #2 withdrew funds on 12/1/11. The amount withdrawn was not documented.	<i>12-06-211</i> <i>Day of Inspection</i> <i>in view of DPW Inspector.</i>	<i>I documented on Resident #1 Financial Record The (0) balance [redacted] had and [redacted] signed the Form or receipt as well on the day I was inspected. I also documented on Resident #2 Form the amount withdrawn on Inspection day. I realize the importance of the documentation and plan to make a list of Residents who I offer financial management to so I can review this list monthly. I also want to designate a time and place for disbursement of a Residents cash where there would be little or no distraction. I feel Being distracted may have contributed to errors in documentation of these records. These changes will be made today To comply with regulations.</i>	<i>5-1-12</i> <i>Initials (DPW)</i>

RECEIVED

DEC 23 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing

Steps have been taken to correct violation; full compliance is not verifiable  
Date  
Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Care home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon Adams</i>	DATE 12-6-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 1-5-12

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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water from the sink in the bathroom located next to the room of resident #2 had a temperature reading of 128.1 degrees Fahrenheit.	12-6-11	<p>██████████ (STAFF) adjusted the Temp. Control Today (Day of Inspection) To comply with this regulation. A new water heater was recently installed and the dial needed to be adjusted and the water tested. In the future I will check the temperature on a regular basis to continue to meet the regulation standards.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <i>1-5-12</i> Initials (DPW): <i>[Signature]</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Care home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon Akearn</i>	DATE <i>12-06-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>1-5-12</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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The freezer compartment of the "Amana" brand refrigerator located in the home's basement had a temperature reading of 5 degrees Fahrenheit.  Repeated Violations: 11/30/2010	<i>12-06-11</i> <i>+</i> <i>*ONGOING</i>	<i>As per regulations the temp. in the freezer now reads 0 degrees (Amana). I turned the dial to the coldest and replaced the thermometer to insure proper reading and results. I also have a chart that will be used to check on the continued compliance and safe temperature for the frozen foods I have stored.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>DPW</i> Date _____ Initials (DPW)
			<i>* The Administrator will monitor weekly + assure ongoing compliance</i> <i>DPW</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Care home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon O'Keefe</i>	DATE <i>12-6-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Skolczyk</i>	DATE <i>1-5-12</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
103i Outdated or spoiled food or dented cans may not be used.	The following food items stored in the freezer compartment of the "Amana" brand refrigerator located in the home's basement were kept beyond the 6 month permissible timeframe: - "Shur-Fine" brand stewed vegetables dated 10/15/05 - "Sea Queen" brand scallops dated 1/28/10	<i>12-06-11</i> ↓ <i>* ONGOING</i>	As per Regulation the food now stored in the freezer (Amana) is within the 6 month timeframe. I have checked the items for dates and charted the day I accomplished this task. As an ongoing task I have posted a chart to the refrigerator to mark when the check was completed for future compliance. The items stated in the violation were discarded the day of inspection.  <i>* The Administrator to monitor for ongoing compliance - m</i>	<div style="border: 1px solid black; padding: 2px; transform: rotate(-90deg); transform-origin: center;">             Steps have been taken to correct violation, full compliance is not verifiable              Date: _____              Initials (DPW): <i>MM</i> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Care home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon O'Keefe</i>	DATE 12-20-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshal-zylk</i>	DATE 1-5-12

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
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	Based upon statements made by staff person A, who is the administrator, and resident interviews, it was determined that residents are not evacuated to an external fire-safe area during sleeping-hour fire drills and when fire drills are conducted during inclement weather. It was stated the residents remain inside the home near the exits. The home does not have an internal fire-safe area designated in writing by a fire safety expert and therefore must evacuate outside of the home during each fire drill.	12-20-11 + *ONGOING	I have posted an announcement that states all Residents must evacuate to the designated area during every fire drill to comply with this Regulation. I will also note on the fire drill log after a drill that everyone participated and that all met at the designated area. I know for the safety of the Residents this will be an ongoing practice.  * The Administrator to monitor monthly for ONGOING Compliance.	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small; margin: 0;">Date: <i>1/5/12</i> Initials (PFW): <i>MM</i></p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Care home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon Akerman</i>	DATE <i>12-20-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>1-5-12</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																																																																	
	<table style="width: 100%; border-collapse: collapse;"> <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></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No		<p style="font-size: 1.2em;"><i>Continuation from last page</i></p> <p style="font-size: 1.2em;"><i>See previous page.</i></p>	
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan				No																																																																	
Feb				No																																																																	
Mar				No																																																																	
Apr				No																																																																	
May				No																																																																	
Jun				No																																																																	
Jul				No																																																																	
Aug				No																																																																	
Sep				No																																																																	
Oct				No																																																																	
Nov				No																																																																	
Dec				No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Car home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon Adams</i>	DATE 12-20-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 1-5-12

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
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.	Staff person A, who is the administrator, is the only staff person who is trained to administer medications. Therefore, when staff person A is not present, there is no staff person trained to administer PRN medications in the event they are requested.	12-20-11	<p><i>I am in the process of training [redacted] (vol. staff) in the medication training to administer medication in my absence. I have a train the trainer certificate and will provide his completed tests and student certificate form.</i></p> <p><i>12-21-11 STAFF [redacted] has passed this course and will be able to give a resident a PRN medication in my absence in the future.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>1/5/12</i> Initials (PRN) <i>[initials]</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Car home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Suzanne Adams</i>	DATE 12-20-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkalyzka</i>	DATE 1-5-12

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.			<i>See Previous Page.</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Car home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon Ahearn</i>	DATE 12-6-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Proszalowski</i>	DATE 1-5-12

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
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.	Deramaxx 25mg prescribed to the home's dog "Frisky" was unlocked in the "Amana" brand refrigerator located in the home's basement. The key to the medication cart was located in the lock of the medication cart which was located in the laundry room that was unlocked and accessible to residents and other individuals. The key to the narcotics lockbox was hanging on a hook in the living room near the medication cart. The key was accessible to any individual who entered the room.	12-06-11 + * ONGOING	<p><i>The day of inspection I had a locked box available in the home to put the dog medication in - It is still located in the Amana brand frig, but now locked in a box and the key put away. I bought a necklucce (lock) to put the medication cart key on and the narcotics key on as well. These keys are not accessible to any resident in the home now.</i></p> <p style="text-align: right;"><i>12-7-11</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: _____ Initials (DPW): <i>MM</i></p>
		* The administrator to monitor for ongoing compliance in		

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Care home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon O'Keefe</i>	DATE <i>12-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalozys</i>	DATE <i>1-5-12</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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Furosemide 40mg prescribed to resident #3 expired 6/7/11.	<i>12 06 11</i>	<i>I disposed of the medication (Furosemide 40mg) in the toilet and replaced it with a new bottle that I had in the cart on the day of inspection. I looked at the rest of the residents medication and marked on the bottles when they needed to be disposed of so that in the future I will not have any out of date medication for this resident as he is the only one with bottles from the V.A. Other residents are pre packaged.</i>	<div style="text-align: right; font-size: small;">                     Stop: have been taken to correct violation, full compliance is not verifiable                      Date: _____                      Initials (DPW): <i>M</i> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Car home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon Ahearn</i>	DATE 12-22-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Modskalyk</i>	DATE 1-5-12

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
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	The pharmacy label on a bottle of Gabapentin 300mg prescribed to resident #3 indicates 1 tablet should be administered three times daily. Staff person A, who is the administrator, changed the resident's Medication Administration Record (MAR) to indicate that 2 tablets of Gabapentin 300 mg should be administered three times a day. Staff person A was not unable to provide a copy of an order to indicate the order had been changed, nor was there any documentation on the Resident's MAR to indicate when the order was changed.	12-22-11	I had requested a new script from the doctor (Sallavanti) a few times and only received it today. I have sent (today) the new script to the VA so that they can now change the label indicating the new dose. I have documented on the MAR the date the new dose started. I am sending the cover letter and a copy of the script along with this correction plan. In the future to prevent this occurring I will personally go to the Dr Office and wait for them to produce the script needed to comply with this regulation.	

Steps have been taken to correct violation; full compliance is not verifiable  
 Date: 1-5-12  
 Initials (DPW): *DPW*

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Care home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon Akers</i>	DATE 12-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostialczyk</i>	DATE 1-5-12

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Staff person A, who is the administrator, indicated it is the home's policy to count the remaining narcotics after a narcotic is administered. Resident #3 is prescribed Morphine 60mg to be administered twice a day. At the time of the inspection on 12/6/11, 3 pills of Morphine were counted as being present, yet the narcotics count sheet indicated that at 10:30am 5 pills were present. Staff person A stated she noticed the medication count was not accurate on 12/5/11 but had not yet investigated the issue to determine the discrepancy. Upon further review, it was determined that staff person A had not conducted a count of the medication on the evening of 11/21/11 or the morning of 11/22/11 after the medication was administered.	12-21-11	On the day of inspection when the controlled substance med sheet showed a difference in the count it was due to a break in the date sequence. In the future I will recount and review the meds and count sheet on a daily basis. Now that [redacted] staff is trained I will have him check the controlled sub. form for accuracy and if available watch when I count the medication to provide an improved system and less errors in the future.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: _____ Initials (DPW): _____</p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Adult Personal Care home, 44 Broad Street Pittston, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE Leslie Patton	
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>Sharon Ahearn</i>	DATE <i>12-6-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskialczyk</i>	DATE <i>1-5-12</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
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The support plan in the record of resident #2 (dated 12/10/10) was not signed by the resident nor was there any indication regarding the resident's inability or refusal to sign.	12-06-11 + *ONGOING	On the day of inspection when this was brought to my attention I had the Resident sign the support plan. I have added to check for signatures on ched a box that indicates a refusal to sign on the Quality management Log. This will be ongoing to ensure the forms are complete.  * - The administrator will monitor for ongoing compliance.	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance not verifiable  Date _____  Initials (DPW) _____ </div>

RECEIVED

DEC 23 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing

*M*