

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DS REALTY VENTURES, LLC

LEGAL ENTITY

To operate EASY LIVING COUNTRY ESTATES

NAME OF FACILITY OR AGENCY

Located at ONE EASY LIVING DRIVE, HUNKER, PA 15639

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 60
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 25, 2011 until December 25, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442630

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 19 2012

Ms. Susan Weinstein, Executive Director (Secretary/Treasurer)
DS Realty Ventures, LLC
Easy Living Country Estates
One Easy Living Drive
Hunker, Pennsylvania 15639

Dear Ms. Weinstein:

As a result of the Department of Public Welfare's licensing inspection on December 6, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R' followed by a long horizontal line.

Ronald Melusky
Director

Enclosures
Violation Report
License

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

P. 04/47

724 755 0615

DEC-27-2011 12:00 AM EASY LIVING ESTATES

NAME AND ADDRESS OF PERSONAL CARE HOME EASY LIVING COUNTRY ESTATES, ONE EASY LIVING DRIVE HUNKER, PA 15635		CURRENT LICENSE NUMBER 442630	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>CONNIE D. LILLIOCK, PERSONAL CARE HOME ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Connie D. Lillock, PCHA</i>	DATE <i>12-26-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/27/11</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
SOP#1 A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.	<p>Resident #1, who was not evacuated during the fire drill conducted on 03/24/11, does not have a written certification from a doctor that the resident is actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Western Region</p> <p>DEC 26 2011</p> <p>Adult Residential Licensing</p> </div>	<i>12-8-11</i>	<p>Resident #1 expired on 3/26/11 following a rapid 5-day decline in mobility and level of consciousness. The attending primary care physician visited and examined Resident #1 on 3-23-11 and deemed [redacted] to be in the process of actively dying. A generic-written-physician certification (Resident #1 PCP is not an employee or contractor of ELCE) demonstrating the order that should have been obtained by this administrator on 3-23-11 follows as an addendum to this violation report plan of correction.</p> <p>This administrator studied and mastered (Commonwealth of PA) Pennsylvania Code (Title 55 Public Welfare, Personal Care Homes) Chapter 2600.29 regarding the acceptance of hospice residents in a personal care home, including the policy, procedures and documentation required for a hospice resident in the process of actively dying not to actively participate in a facility fire drill when bodily injury or hastened death may result due to participation in a fire drill.</p> <p><u>Plan:</u> Easy Living Country Estate's policy and procedure for hospice care and services in a personal care home, (including a hospice resident in the process of actively dying and facility fire drills) was revised to include all regulatory requirements. All ELCE staff were trained on the updated policy and procedure. A copy of the revised policy and the record of training follow as an addendum to this violation report plan of correction.</p> <p><i>A written certification from resident's physician stating</i></p>	<i>[Signature]</i> <i>12/27/11</i>

12/31/11

That resident is actively dying and may suffer bodily injury or hastened death. will be obtained for any future hospice resident not evacuated for a fire drill.

[Signature]
12/27/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME EASY LIVING COUNTRY ESTATES, ONE EASY LIVING DRIVE HUNKER, PA 15639		CURRENT LICENSE NUMBER 442630	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
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>Connie D. Lilloock, PCHA</i>	DATE 12-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jh</i>	DATE 12/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (Includes 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
SOP610 The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.	Resident #1's assessment and support plan do not address the resident's exclusion from evacuation during fire drills due to status in an active dying process. Western Region DEC 26 2011 Adult Residential Licensing	12-8-11	Resident # 1 expired on 3/26/11. The resident's significant change (admission to Exocla Hospice Care & Services on 1-24-11) assessment and support plan of 1-25-11 were revised by this administrator to show the 3-23-11 current needs of Resident #1 and the resident's physician and responsible party's desire and consent for the resident to be excluded from evacuation during fire drills at ELCE due to status in an active dying process. Copies of the revised Resident #1's (3-23-11) assessment and support plan follows this violation report plan of correction. Plan: Easy Living Country Estate's policy and procedure for hospice care and services (including the regulatory requirement to update the hospice resident's assessment and support plan to reflect the most current resident status and related care and services needed) was revised by this personal care home administrator. All ELCE staff were trained on the updated policy; record of the training and the policy follow as noted previously. This administrator, Connie D. Lilloock, will revise any and all resident (including a hospice resident's status of fire drill exclusion) assessments and support plans to immediately reflect significant changes in a resident's status or care and service needs.	<i>Jh</i> 12/8/11

P. 11/47

724 755 0615

DEC-27-2011 12:02 AM EASY LIVING ESTATES

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME EASY LIVING COUNTRY ESTATES, ONE EASY LIVING DRIVE HUNKER, PA 15639		CURRENT LICENSE NUMBER 442630	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
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>Connie D. Lillock, PCHA</i>	DATE <i>12-26-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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
SOPb2 The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.	There is no statement of informed consent from resident #1 or the resident's representative regarding the resident not evacuating during fire drills. The resident was not evacuated during the fire drill conducted on 03/24/11.	<i>12-8-11</i>	<p>The subsequent death of Resident #1 on 3-26-11 makes an official informed consent from either the resident and/or the responsible party not feasible. Verbal request and consent for Resident #1 was given to this administrator and to executive director, [REDACTED] on 3-24-11 by Resident #1's son & POA.</p> <p>Therefore, this administrator has also prepared a generic-written informed consent from the resident/responsible party 3-23-11 regarding the hospice resident actively dying and not to evacuate during fire drills at ELCE. A copy of the informed consent follows as an addendum to this violation report plan of correction.</p> <p>Plan: Easy Living Country Estate's policy and procedure for hospice care and services in a personal care home (including the need of a written-informed resident and/or responsible party consents for a hospice resident actively dying to be excluded from facility fire drills to prevent the possibility of injury or hastened death from participation) was revised to include this regulatory requirement. All ELCE staff was trained on the revised policy and procedure. As noted earlier, copies follow this plan.</p> <p>This administrator, Connie D. Lillock, will obtain a written-informed consent from the resident and/or responsible party for any resident receiving hospice care and deemed by physician and responsible party to be actively dying and in need of exclusion from facility fire drills.</p> <p>All residents (including hospice residents in an actively dying process without the documentation of compliance with all components of regulation 2600.29a-b) will be evacuated in the home's allotted evacuation time constraints during an ELCE fire drill. All residents (including a hospice resident with fire drill participation exclusion documented in written physician/responsible party consent) will be evacuated in the event of a real fire.</p>	<i>Jan 12/27/11</i>


Western Region
 DEC 26 2011
 Adult Residential Licensing

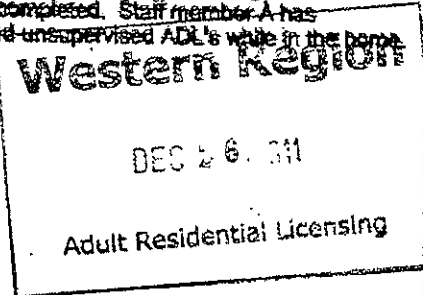

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

P. 25/47

724 755 0615

DEC-27-2011 12:06 AM EASY LIVING ESTATES

NAME AND ADDRESS OF PERSONAL CARE HOME EASY LIVING COUNTRY ESTATES, ONE EASY LIVING DRIVE HUNKER, PA 15639		CURRENT LICENSE NUMBER 442630	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
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>Connie D. Lillock, PCHA</i>	DATE 12-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/27/11

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
51752 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15	Staff member A, who was hired on 11/2/11, has not lived in the state of Pennsylvania for a minimum of 2 years. An FBI background check was not completed. Staff member A has performed unsupervised ADL's while in the home. 	12-15-11	Staff member A hired on 11/2/11 was fingerprinted by the Pennsylvania State Police 10-31-11 prior to hire at ELCE's mandate for an applicant who had not resided in Pennsylvania for the 2 years before application. Staff member A signed the "Employee Information on Dismissals and Crime Convictions" statement on page 4 of ELCE's employment application denying prior dismissal from employment due to abuse of clients or residents and denial of any violent crime conviction in the past. These denials were also made verbally to Connie D. Lillock, PCHA @ ELCE. Staff member A's Pennsylvania State Police record check status is "No Record". Upon receipt of the FBI Background Check Transmittal Form from the PA Department of Aging, Staff member A's fingerprints (Card FD-258), signed & completed FBI transmittal form & money order for the required \$30.25 fee made payable to Commonwealth of Pennsylvania (#14-391234077) were mailed in a manila envelope to PA Department of Aging, FBI Background Check Unit, 555 Walnut St., 5 th Floor, Harrisburg, PA 17101-1919. Copies of these forms follow as an addendum to this plan of correction. Easy Living Country Estate's "Criminal Background Checks" policy and procedure was revised to be inclusive of the regulatory requirements for an applicant/new hire that has not resided in the state of Pennsylvania for the entire past two years. ELCE's revised policy also follows. Plan: According to Act 169 of OAPSA, any future ELCE applicants/new hires who have not resided in the state of Pennsylvania for the entire two past calendar years, will not be considered for provisional hire until a) the applicant has provided proof of application for the FBI background check, b) has sworn in writing denying any convictions for offenses listed in Act 169 and c) ELCE's personal care home administrator has no knowledge of information pertaining to the applicant which would disqualify the applicant from employment in accordance with Act 169. New hires on a 90-day provisional employment will be furloughed or terminated if confirmation of a clear FBI Background Check is not received by ELCE from the PA Department of Aging within that time frame. If the PDA response to the FBI Background Check for any provisional employee shows a conviction for one of the prohibitive offenses listed in Act 169, the hire will be immediately dismissed by the ELCE's administrator	 12/27/11

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

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724 755 0615

DEC-27-2011 12:07 AM EASY LIVING ESTATES

NAME AND ADDRESS OF PERSONAL CARE HOME EASY LIVING COUNTRY ESTATES, ONE EASY LIVING DRIVE HUNKER, PA 15639		CURRENT LICENSE NUMBER 442630	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE L. Marza, T. Newman	
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>Cornie L. Fillebeck, PCHA</i>	DATE 12-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/27/11

REGULATION: 55 Pa.Code §2600 (relating to protective services for older adults) and other applicable regulations.	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
	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Western Region</p> <p>DEC 26 2011</p> <p>Adult Residential Licensing</p> </div>			

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

P. 38/47



NAME AND ADDRESS OF PERSONAL CARE HOME EASY LIVING COUNTRY ESTATES, ONE EASY LIVING DRIVE HUNKER, PA 15639		CURRENT LICENSE NUMBER 442630	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
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>Connie D. Tulliock, PCHA</i>	DATE 12-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Oh</i>	DATE 12/27/11


724 755 0615

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
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	<p>There was a cardboard box approximately 3 inches from the hot water tank, located on the 1st floor, north end of the building.</p> <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 20px auto;"> <p align="center">Western Region</p> <p align="center">DEC 26 2011</p> <p align="center">Adult Residential Licensing</p> </div>	<p>12-6-11</p> <p>12-13-11</p> <p>12-20-11</p>	<p>Immediately removed the small cardboard box sitting within inches of the top of the hot water tank in the north boiler room. The box, containing the operational manual for the new facility generator installed the previous week, was left near the hot water tank by the installation crew, unknown to facility management or the personal care administrator.</p> <p>Plan: Easy Living Country Estate's personal care administrator will inspect the locked boiler rooms weekly for any combustible and flammable materials placed there by outside vendors/workers. ELCE management personnel will inspect any locked room that contains a heat sources or hot water heater for combustible or flammable materials prior to any vendor/worker leaving the room and the room again secured.</p>	<p><i>Oh</i> 12/27/11</p>

DEC-27-2011 12:12 AM EASY LIVING ESTATES

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

NAME AND ADDRESS OF PERSONAL CARE HOME EASY LIVING COUNTRY ESTATES, ONE EASY LIVING DRIVE HUNKER, PA 15639		CURRENT LICENSE NUMBER 442630	
INSPECTION DATES (include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/27/11

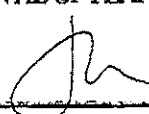
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general 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 #2 dated 8/25/11, does not include hospice services. Resident was ordered hospice services on 8/27/10.	12-15-11	The physician medical evaluation completed for Resident #2's admission to Hospice on 8/27/10 has written documentation of Resident #2 receiving Hospice care and services in coordination with ELCE staff. Resident #2's medical evaluation of 8/25/2011 was completed by PCHA, reviewed and signed by Dr. _____ neither of whom documented Resident # 2's receipt of hospice care and services. Dr. _____ visited residents at ELCE on 12-15-2011. An updated DME including documentation of Resident # 2 receiving Hospice care and services in daily coordination with ELCE's administrator and staff was completed by PCHA, reviewed and signed by Resident #2's attending physician, _____ Plan: _____ PCHA will review all future documentation of medical evaluation (DME) completed for any resident receiving hospice care and services at ELCE to verify documentation of those services on the DME. The DME will then be presented to the attending physician for review and completion of the "Medical Professional Information" section of the DME.	 12/27/11

Western Region

DEC 26 2011

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME EASY LIVING COUNTRY ESTATES, ONE EASY LIVING DRIVE HUNKER, PA 15639		CURRENT LICENSE NUMBER 442630	
INSPECTION DATES (Include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
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>Connie D. Zilliock, PEHA</i>	DATE 12-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/27/11

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
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.				

Western Region
 DEC 26 2011
 Adult Residential Licensing

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

P. 44/47

724 755 0615

DEC-27-2011 12:16 AM EASY LIVING ESTATES

NAME AND ADDRESS OF PERSONAL CARE HOME EASY LIVING COUNTRY ESTATES, ONE EASY LIVING DRIVE HUNKER, PA 15659		CURRENT LICENSE NUMBER 442530	
INSPECTION DATES (include all dates of the inspection) 12/06/2011		REGIONAL REPRESENTATIVE L. Mazza, T. Newman	
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>Connie D. Lilloock, PCHA</i>	DATE 12-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12/27/11

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
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.	Resident #3 is ordered, Cortizone 10 Plus cream, "Apply topically to skin patch lesion on right facial cheek once daily if needed." This medication was not available in the home. Resident #3 is ordered Clotrimazole/Betameth cream, "Apply topically to parineum daily as needed for exoriated skin." This medication was not available in the home.	12-7-11	Resident Medication carts are thoroughly checked monthly and as needed by the ELCE Administrator, Connie D. Lilloock or by the resident care coordinator, [redacted] to ensure that all routine and as needed (PRN) resident medications are present, not expired and labeled & stored properly. The November medication cart check was completed on Wednesday, 11-23-11 by [redacted] RCC to ensure all resident medications were available over the Thanksgiving Holiday when the pharmacy would be closed. Both the as needed Cortizone 10 Plus Cream and the Clotrimazole/Betameth Cream for Resident # 3 were found to be expired and were reordered by fax from Diamond Pharmacy in Mt. Pleasant, PA. Unknown to the RCC on 11-23-11, the Administrator on Friday, 11-25-11, discovered that the fax phone line was malfunctioning in the main Verizon terminal and would not be repaired until Tuesday, 11-29-2011. Connie D. Lilloock, PCHA noted the copy of the fax order sheet on RCC's desk and phoned the order to Diamond Pharmacy on 11-25-11 to ensure the order had been received & delivery to follow. Unfortunately, the pharmacist also anxious to go home for the holiday weekend, didn't process the order and both the RCC & PCHA neglected to verify its delivery on Monday, 11-28-11. The medications were discovered unavailable during the DPW survey at ELCE on 12-6-11. The error went unnoticed because Resident #3 hadn't requested either cream for many months. Since Resident # 3 wasn't currently using the medications, to spare the cost of refills, on 12-7-2011, a request was sent to Dr. [redacted] to consider discontinuing both creams. Dr. [redacted] faxed the signed order to discontinue the medications on 12-7-11. Plan: Monthly and as needed resident medication checks and medication cart checks will be continued by the resident care coordinator and the personal care administrator. Receipt of all ordered resident medications are now verified by documentation in a chart with the delivery receipts. Follow up pharmacy contact is done to locate or reorder missing resident medications.	12/27/11

Western Region
 DEC 26 2011
 Adult Residential Licensing