

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HORIZON PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate HORIZON PERSONAL CARE HOME, INC.

NAME OF FACILITY OR AGENCY

Located at 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436

(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 28  
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 March 1, 2012 until March 1, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **413830**

*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

**MAR 16 2012**

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

Ms. Michelle Grimm, Owner/Administrator  
Horizon Personal Care Home, Inc.  
9 South Morgantown Street  
Fairchance, Pennsylvania 15436

Dear Ms. Grimm:

As a result of the Department of Public Welfare's licensing inspection on December 8, 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,

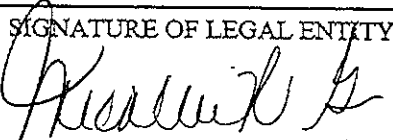

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

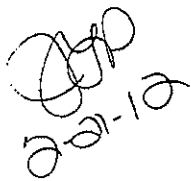
Ronald Melusky  
Director

Enclosures  
License  
Violation Report

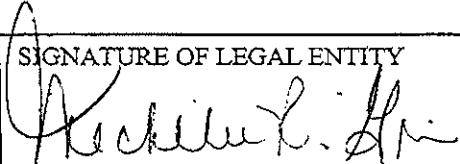
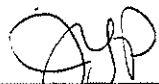


VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE Alden linhart, Maria Stepanovich	
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 2/13/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-21-12

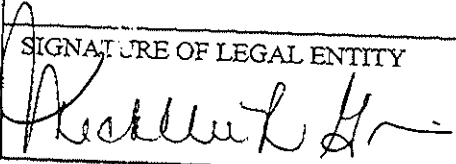
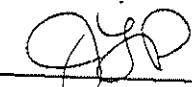
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies shall be in accordance 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 person A was originally hired on 6/4/2009 and the criminal check for the staff person was dated 6/8/2009. The staff person left the home for another job and was rehired two months later on 10/11/2010. At the time of rehire the original criminal check had been done more than one year prior to the new hire date.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">FEB 6 2012</div> <div style="text-align: center; margin-top: 5px;">Western Field Office Adult Residential Licensing</div>	12/8/11	All rehired employees will have a criminal background check done if it is longer than one year old. Criminal background done on day of inspection and came back no record. Copy attached.	


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(relating to protective services for older adults) and other applicable regulations.	<p style="font-size: 24px; margin: 0;"><b>RECEIVED</b></p> <p style="margin: 5px 0 0 0;">FEB 6 2012</p> <p style="margin: 0 0 0 0;">Western Field Office Adult Residential Licensing</p>			

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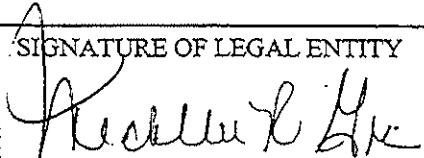

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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The home's dumpster was uncovered and overflowing with trash bags.	2/13/12	The home's dumpster will be covered at all times. On December 17th 2011, the home cleared the basement and threw away 2 old Christmas trees that had the dumpster lid to not close - Administration will check every few days to make sure all lids are closed. Staff also notified of this.	 2-21-12

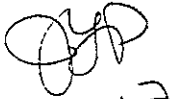
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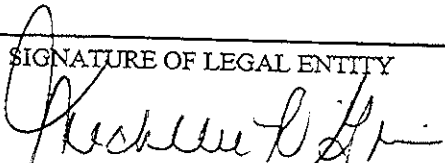
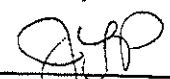
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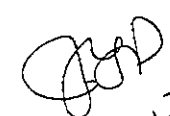
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The emergency phone number lists that are posted in bedroom #3 and bedroom #14 do not include the correct Personal Care Home Hotline number.  <b>RECEIVED</b>  FEB 6 2012  Western Field Office Adult Residential Licensing	2/13/12	The PCH hotline number was updated in bedroom #3 & #14. The correct number was added to administrators emergency phone number list. All new phones will have emergency numbers posted.	 2-21-12

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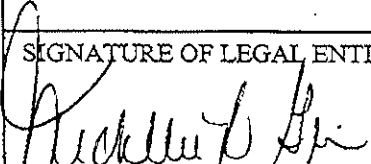
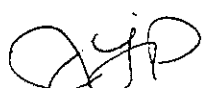
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	In the home's shower room there is a toilet chair which is being used as a shower chair is rusted and in need of new paint.	2/13/12	There was a toilet chair in the big shower room that was used as a shower chair. The toilet chair was removed and a shower chair purchased w. plastic ties. The shower chair is a heavy gauge plastic which will not rust.	 2-21-12

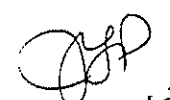
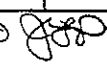
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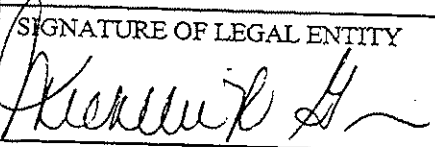

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit for the home does not include disposable gloves.	2/13/12	The first aid kit will have gloves at all times. Reminder stops to replace items if they are removed. Administrators will do periodic check to insure compliance.	 2-21-12
	<b>RECEIVED</b>  FEB 6 2012  Western Field Office Adult Residential Licensing	3-21-12	A designated staff person will inspect the first aid kit at least once per month to ensure all required items are present and accounted for.	 3-21-12



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100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	On 12/08/2011, at 9:00AM, the steps leading down from the PCH's second floor were snow covered. These steps lead to the second floor of the home where four residents reside.	2/13/12	Snow will be removed from the steps at all times. <del>It</del> Administration will make sure some body is available to remove the snow at all times if they are not available.	
	<b>RECEIVED</b>  FEB 5 2012  Western Field Office Adult Residential Licensing	3/2/12	All staff persons were be educated on this regulation. A designated staff person from each shift will be responsible for ice, snow removal. 2-2-12 <i>[Signature]</i>	Steps have been taken to correct violation; full compliance is not verifiable 2/2/12 Date / Initials (DPW)

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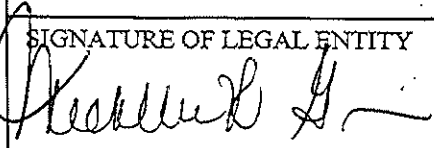

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101j6 Each resident shall have the following in the bedroom: A mirror.	There is no mirror in the bedroom of resident #1.	2/13/12	Mirror was installed in bedroom #1. Administrator will check periodically to insure compliance.	 2-21-12
		2/21/12	The administrator will inspect all bedrooms to ensure there is a mirror in each of the rooms.  2-21-12	


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FEB 23 2012

Western Field Office  
Adult Residential Licensing

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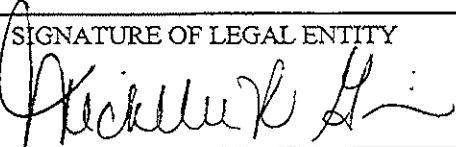

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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	On 12/8/2011, the home had 19 residents, but no gallons of emergency drinking water on site. The Culligan water letter dated 6/25/2011 does not indicate how soon emergency water supplies can be provided to the PCH.	2/13/12	Home shall have emergency drinking water on site at all times. Culligan water not paid & they are send a updated letter of how soon they can supply us with water. Letter attached from Culligan water. It state they can supply 50-200 gallons of bottled water within hours of notification and 1000 gallons or more of water within 24-48 hours.  Purchased 20 gallons of water for emergency use	 2-21-12


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FEB 3 2012

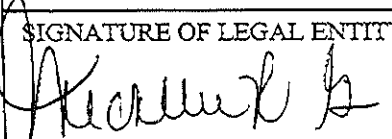

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home's fire drill evacuation times exceeded 2.5 minutes on 1/3/2011, 3/17/2011, 4/10/2011, 5/16/2011, 6/13/2011, 7/15/2011, 10/31/2011, and 11/14/2011.	2/13/12	Contacted fairchance fire department concerning a new letter of evacuation times. State inspector recommended 2-21-12 a new letter on page evacuation times. Administrator will compare previous letter to current one to ensure compliance - attached copy of letter from fairchance fire department	

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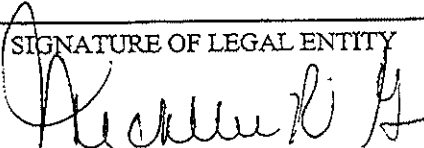
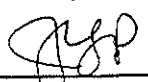
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	<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/03/2011</td><td>02:00 PM</td><td>2 min 40sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>01:45 PM</td><td>2 min 30 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/17/2011</td><td>11:10 AM</td><td>2 min 40 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/10/2011</td><td>10:00 PM</td><td>2 min 50 sec</td><td>No</td></tr> <tr><td>May</td><td>05/16/2011</td><td>10:00 AM</td><td>2 min 56 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/13/2011</td><td>02:00 PM</td><td>2 min 55 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/15/2011</td><td>08:00 AM</td><td>2 min 50 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/24/2011</td><td>10:00 AM</td><td>1 min 44 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/23/2011</td><td>02:00 PM</td><td>2 min 30 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/31/2011</td><td>10:00 PM</td><td>2 min 40 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/14/2011</td><td>11:00 AM</td><td>2 min 35 sec</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	01/03/2011	02:00 PM	2 min 40sec	No	Feb	02/28/2011	01:45 PM	2 min 30 sec	No	Mar	03/17/2011	11:10 AM	2 min 40 sec	No	Apr	04/10/2011	10:00 PM	2 min 50 sec	No	May	05/16/2011	10:00 AM	2 min 56 sec	No	Jun	06/13/2011	02:00 PM	2 min 55 sec	No	Jul	07/15/2011	08:00 AM	2 min 50 sec	No	Aug	08/24/2011	10:00 AM	1 min 44 sec	No	Sep	09/23/2011	02:00 PM	2 min 30 sec	No	Oct	10/31/2011	10:00 PM	2 min 40 sec	No	Nov	11/14/2011	11:00 AM	2 min 35 sec	No	Dec				No			
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE Aiden linhart, Maria Stepanovich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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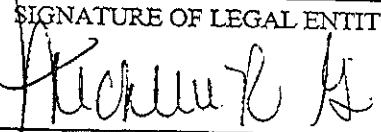

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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical 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 #3, dated 10/04/2011, does not include a list of medications, the form indicates "see above" in the medication section. The PCH administrator confirmed that the resident does take medication.  <b>RECEIVED</b>  Western Field Office Adult Residential Licensing	2/13/12  3/21/12	Medical evaluation resubmitted to M.D. for completion. Administrator will review all evaluations to insure accurate completion.  The administrator will review all current medical evaluations to ensure all medical evaluations are complete including medications. 2-21-12 <i>[Signature]</i>	Steps have been taken to correct violation; full compliance is not verifiable 2/21/12 <i>[Signature]</i> Date Initials (DPW)


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">FEB 6 2012</div> <div style="font-size: 0.8em;">Western Field Office Adm. Residential Licensing</div>			

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

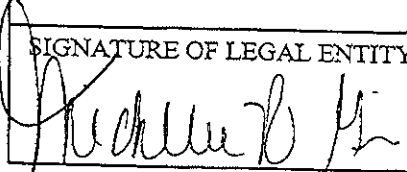
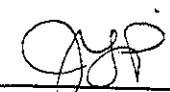
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141b1 A resident shall have a medical evaluation: (1) At least annually.	The last medical evaluation for resident #2 was completed on 11/11/2011. The previous medical evaluation for the resident is dated 8/12/2010.	2/12/12	<p><i>Medical evaluations will be completed yearly unless resident condition changes. Administration has made a chart of due dates for all residents to insure this does not happen again (copy attached). Kept locked in desk to insure privacy.</i></p>	 2-21-12

RECEIVED

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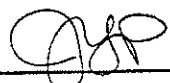
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 12/8/2011 a container of Tums antacid was unlocked and accessible to residents on a table in resident #4's bedroom.	2/13/12	All medications will be kept locked up at all times. Staff and family of resident educated to on this regulation. Administration will do periodic checks to make sure of this compliance	 2-21-12

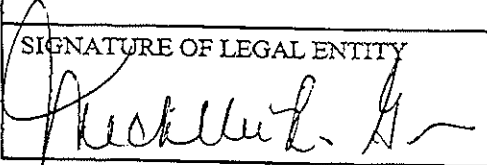
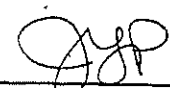
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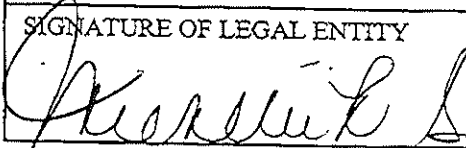
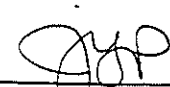
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	There was no master key documenting the names of the staff people who are currently administering medications in the personal care home.  Repeated Violations: 02/03/2011           <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-size: 0.8em; margin-top: 10px;">Western Field Office Adult Residential Licensing</div>	2/13/12	Master Key for medication administration will be kept in Mar at all times Staff notified to not remove Master Key from Mar - Master Key to be a laminated little pouch and in front of mar - administrator will do periodic checks for compliance	 2-21-12


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

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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.	RECEIVED			

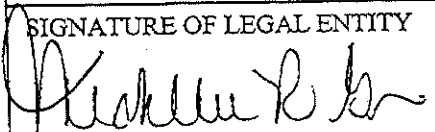
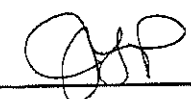
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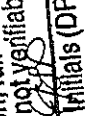
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<p>The assessment dated 7/21/2011 for resident #2 does not address the low salt diabetic diet indicated on their medical evaluation dated 11/11/11.</p> <p>The assessment dated 3/30/2011 for resident #4 does not address the low salt diet indicated in their medical evaluation dated 4/15/11.</p>	2/13/12	<p>Assessment updated to include low salt diabetic diet for resident #2. will compare evaluations and assessments to make sure we are in compliance</p> <p>Assessment update on resident #4 to include low salt diet.</p>	 2-21-12

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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.	<p>The support plan dated for resident #2 does not address the resident's need for prompting and cueing to transfer from one location to another, and physical assistance with grooming and dressing/ undressing as indicated on the assessment dated 7/21/2011.</p> <p>The support plan dated 9/15/2011 for resident #3 does not address the resident's need for physical assistance with grooming and dressing and undressing as indicated on the assessment dated 9/15/2011.</p> <p>Resident #5 was admitted to the home on 5/06/2011. The support plan dated 5/16/2011 does not address the need for diabetes care which is documented on the assessment for the resident dated 5/12/2011. The resident's support plan is also missing dietary information concerning the need for a diabetic diet, low sodium diet and reduced cholesterol diet relative to the diagnosis of diabetes.</p>	2/13/12	<p>Support plan updated on resident #2. Will compose support plan &amp; assessment until Resp is implemented.</p> <p>Support plan updated on resident #3. Will compose support plan &amp; assessment until Resp is implemented.</p> <p>Support plan updated on resident #5.</p>	2/21/12

Steps have been taken to correct violation; full compliance is not verifiable  
 Date: 2/21/12  
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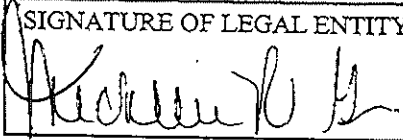

The administrator will review all current support plans and assessments to ensure all needs on the assessment are carried over to the support plan. 2-21-12 gsp

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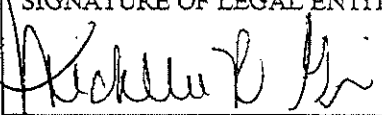

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (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,	Resident #4's record does not include the resident's height and weight.	2/13/12	all resident records will include their height and weight.	<i>[Signature]</i> 2-21-12
	<b>RECEIVED</b>	3/29/12	The administrator will review all current residents records to ensure they include height and weight. <i>[Signature]</i> 2-21-12	

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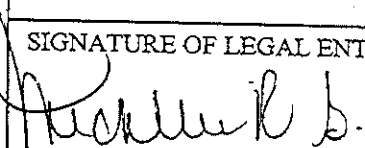
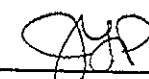
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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b> </div>			

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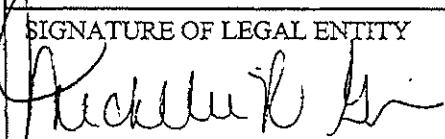

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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (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.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">FEB 6 2012</div> <div style="font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>			

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

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE Alden linhart, Maria Stepanovich	
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 2-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-21-12

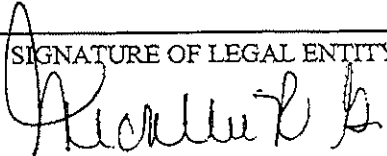
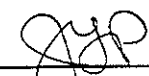
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of 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	<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 0.8em; margin-top: 5px;">                         FEB 21 2012                          Western Field Office                          Adult Residential Licensing                     </div>			

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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	<div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div>			

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	<p style="font-size: 24px; margin: 0;"><b>RECEIVED</b></p> <p style="font-size: 18px; margin: 0;">FEB 8 2012</p> <p style="margin: 0;">Western Field Office Adult Residential Licensing</p>			