



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

MAR 29 2012

Ms. Lori Lasosky, Vice President
200 Nobles Road
Brownsville, Pennsylvania 15417

RE: Lasosky's Personal Care Home, Inc.
23 Main Street
Clarksville, Pennsylvania 15322

Dear Ms. Lasosky:

As a result of the Department of Public Welfare's licensing inspection on December 14, 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LASOSKY'S PERSONAL CARE HOME, INC.

To operate LASOSKY'S PERSONAL CARE HOME, INC.

Located at 23 MAIN STREET, CLARKSVILLE, PA 15322

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

The total number of persons which may be cared for at one time may not exceed 25
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from February 5, 2012 until February 5, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 418580

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

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

Page 1 of 15

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Marci Rahl</i>			
SIGNATURE OF LEGAL ENTITY <i>Marci Rahl</i>	DATE <i>3-3-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3-15-12</i>

REGULATION 55 Pa. Code §2600	VIOLATION	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 quality management reviews dated 12/10, 1/11/ 4/11, 7/11 and 8/10/11 did not address reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region MAR 14 2012 Adult Residential Licensing </div>	<i>3/13/12</i> The homes quality management reviews will address any reportable incidents, upcoming trainings, complaint procedures, violations, & plans of corrections. All reviews will be documented	Steps have been taken to correct violation; full compliance is not verifiable <i>3-15-12</i> Date <i>[Signature]</i> Initials (DPW)

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

Page 2 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY'S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marie Rade</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa. Code §2600	VIOLATION	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
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The curtain in the 2nd floor bathroom does not cover approximately 5" of the bottom of the window.	12-15-11 New curtain placed on the 2nd floor bathroom 12-15-2011	<i>[Signature]</i> 3-15-12

Western Region

MAR 14 2012

Adult Residential Licensing

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

Page 3 of 25

02/27/2008 23:42 7243772688

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marci Rale</i>	DATE 3-30	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa. Code §2600	VIOLATION	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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>A bottle of rubbing alcohol, with a manufacturer's label indicating "In case of accidental ingestion, seek professional assistance or contact a poison control center", a bottle of nail polish remover, with a manufacturer's label indicating "In case of accidental ingestion, give fluids liberally and consult with local poison control center" and two boxes of denture cleanser anti-bacterial with a manufacturer's label indicating "In case of accidental ingestion, seek professional assistance or contact the Poison Control Center immediately at 1-800-222-1222", were unlocked and accessible to residents in the living room closet.</p> <p>A box of denture cleanser anti-bacterial with a manufacturer's label indicating "In case of accidental ingestion, seek professional assistance or contact the Poison Control Center immediately at 1-800-222-1222", was unlocked and accessible to residents in the administrator's office.</p> <p>A container of carpet extraction cleaner, with a manufacturer's label indicating "If swallowed, call physician", was unlocked and accessible to residents on a shelf in the basement.</p>	<p>12-15-11</p> <p>3-31-12</p> <p>All poisonous materials removed taken to basement + locked in cabinet 12-15-11</p> <p>All staff will be educated on keeping poisonous materials locked at all times and to monitor daily and on each shift.</p> <p>The administrator or designee will monitor for poisonous materials at least monthly.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-15-12 Date Initials (DPW)</p>

Western Region

MAR 14 2012

Adult Residential Licensing

[Signature] 3-15-12

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

Page 4 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Finner-Alman, Jason Williams	
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>Maureen Ball</i>	DATE <i>3-13-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JL</i>	DATE <i>3-15-12</i>

REGULATION 55 Pa. Code §2600	VIOLATION	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>A jug of floor polish, with a manufacturer's label indicating "if swallowed, call physician", was unlocked and accessible to residents in the pantry located in the basement.</p> <p>Residents of the home have not been assessed capable of recognizing and using poisons safely.</p>	<p><i>12-15-11</i></p> <p><i>All poisons materials were taken to basement & placed in a locked cabinet. 12-15-11</i></p>	

Western Region
MAR 14 2012
Adult Residential Licensing

02/27/2008 23:42 7243772680

PAGE 04/38

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

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marcie Rall</i>	DATE <i>3-13-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3-15-12</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
87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	There is no lighting in the 2nd floor hallway leading to the emergency exit.	<i>12-15-11</i> <i>3/31/12</i>	<i>Lamp placed on the 2nd floor hallway, also light bulbs placed in ceiling fixture.</i> <i>Administrator will monitor home at least monthly to ensure that all lighting in common areas is adequate and functional.</i>	<i>[Signature]</i> <i>3-15-12</i>

Western Region
MAR 14 2012
Adult Residential Licensing

[Signature] 3-15-12

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

Page 6 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marcie Rall</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<p>The exterior two steps leading off of the porch do not have a handrail.</p> <p>The step leading from the kitchen to the porch does not have a handrail.</p>	4/14/12	<p>Estimates given work to be completed by April 14, 2012. Will send photo upon completion.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>3-15-12</u> Date <i>[Signature]</i> Initials (DPW)</p>

Western Region

MAR 14 2012

Adult Residential Licensing

02/27/2008 23:42 7243772688

PAGE 06/38

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

Page 7 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY'S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marci Rall</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
94b Interior stairs, exterior steps and ramps shall have nonskid surfaces.	The wooden stairs leading from the emergency exit off of room #5 does not have a non-skid surface.	4/17/12	Estimates given work to be completed by April 14, 2012.	Steps have been taken to correct violation; full compliance is not verifiable <u>3/15/12</u> Date Initials (DPW)

Western Region

MAR 14 2012

Adult Residential Licensing

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

Page 8 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marcie Roll</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa. Code §2600	VIOLATION	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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	<p>The skirt on the recliner in room #6 is torn from the front and right side of the chair exposing the lining.</p> <p>The chair with the beige vinyl seat in room #5 has a tear approximately 5" by 1/2" on the front right side of the seat.</p>	<p align="center">3-8-12</p> <p>The recliner in room #6 was removed & replaced.</p> <p>The chair in room #5 was removed & replaced.</p> <p>All furniture will be checked to make sure its in good repair & documented on quarterly reports.</p>	<p align="center"><i>[Signature]</i></p> <p align="center">3-15-12</p>

Western Region

MAR 14 2012

Adult Residential Licensing

02/27/2008 23:42 7243772690

PAGE 08/38

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

Page 9 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Jason Williams	
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>Marcie Rall</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jh</i>	DATE 3-15-12

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	<p>The bedside light in room #6 did not have a light bulb.</p> <p>The bedside light next to the bed on the right in room #7 did not have a light bulb.</p>	<p>3/13/12</p> <p><i>Mry</i> 4/15/12</p>	<p>Light bulbs placed in Room #6 & #7 12-14-11.</p> <p>Light bulbs will be checked bi-weekly by staff and documented.</p> <p>The administration will monitor the home at least monthly to ensure bedside lighting is functional</p>	<p><i>Jh</i> 3-15-12</p>

Western Region
MAR 14 2012
Adult Residential Licensing

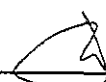
J 3-15-12

02/27/2008 23:42 7243772688

PAGE 09/38

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

Page 10 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marci Pall</i>	DATE <i>3-13-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>3-15-12</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
103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	<p>The following was observed in the large freezer chest next to the furnace in the basement:</p> <ul style="list-style-type: none"> Numerous packages of chuck roast and beef liver wrapped in butcher's paper that were undated Numerous packages of "stock" meat that was unlabeled and undated 	<p><i>1-24-12</i></p> <p><i>4/15/12</i></p> <p><i>4/15/12</i></p>	<p><i>Red meat, will be dated before placing in the freezer</i></p> <p><i>All staff who work in the kitchen will be re-educated on this requirement.</i></p> <p><i>The administrator or designee will monitor food storage to ensure it is safe and items are labeled and dated.</i></p>	<p><i>Jr</i></p> <p><i>3-15-12</i></p>

Western Region

MAR 14 2012

Adult Residential Licensing

J 3-15-12

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

Page 11 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Finner-Alman, Jason Williams	
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>Marci Kall</i>	DATE <i>3-13-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3-15-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	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.	<p>On 12/14/11, the following was observed:</p> <ul style="list-style-type: none"> There was no thermometer in the mini refrigerator located in the kitchen There was no thermometer in the large chest freezer next to the furnace in the basement <p>Repeated Violations: 12/14/2010</p>	<p><i>3-13-12</i></p> <p>Thermometer placed in mini refrigerator & also in the large chest freezer in the basement, also a checklist in place to ensure thermometers are in place.</p> <p><i>4/15/12</i></p> <p>Administrator or designee will monitor refrigerator/freezer temperatures at least monthly.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3-15-12</i></p> <p>Date <i>[Signature]</i> Initials (DPW)</p>

Western Region
MAR 14 2012
Adult Residential Licensing

[Signature] 3-15-12

02/27/2008 23:42 7243772680

PAGE 11/38

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

Page 12 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marci Kall</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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.	The external dryer vent to the right had approximately 1/4" of thick dryer lint inside the pipe and around the hood. There is dryer lint covering the ground beneath the vents and extending approximately three feet beyond.	3-13-12 The external dryer vent will be checked weekly by staff and all lint will be removed. The administration or designee will monitor at least monthly. <i>[Signature]</i> 3-15-12	<i>[Signature]</i> 3-15-12

Western Region
MAR 14 2012
Adult Residential Licensing

02/27/2008 23:42 7243772680

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

Page 13 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Jason Williams	
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>Marcie Kalle</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa. Code §2600	VIOLATION	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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	An adjustable bed frame and a yellow plastic chair blocked egress from the home's ramp located outside of the first floor bedroom emergency exit door. There was approximately 26" of clearance between the bed frame and the side of the ramp. A Christmas tree was blocking the sliding glass door in the sitting room.	<p><i>Items removed</i> <i>12-15-11</i></p> <p><i>All staff will be educated to keep all doorways, hallways and exterior and interior egress routes clear and unobstructed at all times and to monitor as part of their daily duties on each shift.</i></p> <p><i>The administrator will monitor home to ensure all doorways, ramps and hallways are clear and unobstructed - at least weekly.</i></p>	

Western Region

MID 14 002
Adult Residential Licensing

J 3-15-12

02/27/2008 23:42 7243772680

PAGE 13/38

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

Page 14 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marc Kall</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>(Signature)</i>	DATE 3-15-12

REGULATION 55 Pa. Code §2600	VIOLATION	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
123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	<p>The emergency evacuation diagram on the bulletin board to the left of the office does not include the route of egress or the location of three of the fire extinguishers. There is not a key to identify "FE" as fire extinguisher.</p> <p>The emergency evacuation diagram on the 2nd floor does not include the route of egress or a key to identify "FE" as fire extinguisher.</p>	<p><i>3-13-12</i></p> <p>Emergency diagrams updated, also a key identifying "FE" as fire extinguisher + their placements.</p>	<p><i>(Signature)</i></p> <p>3-15/12</p>

Western Region

MAR 14 2012

Adult Residential Licensing

02/27/2008 23:42 7243772680

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

Page 15 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marc Kall</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
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 the assistance needed in an evacuation.	3-13-12 Letter mailed to the local fire department with diagram of the home, the address of the home, location of bedrooms, + assistance needed in an evacuation.	<i>[Signature]</i> 3-15-12

Western Region
MAR 14 2012

Adult Residential Licensing

02/27/2008 23:42 7243772680

PAGE 15/38

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

Page 16 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marc Hall</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>W</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's policy and procedures for inoperable smoke detectors or fire alarms does not indicate staff procedures during the duration of the malfunction, including notification of emergency services in the event of a fire or periodic checks of the home.	3-13-12 Policy re-written for inoperable smoke detectors or fire alarms	<i>J</i> 3-15-12

Western Region
MAR 14 2012

Adult Residential Licensing

02/27/2008 23:42 7243772608

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

Page 17 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marcie Kahl</i>	DATE <i>3-13-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3-15-12</i>

REGULATION 55 Pa. Code §2600	VIOLATION	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
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The fire safety letter, dated 2/10/11, indicates a drill was conducted on 2/9/11, but does not indicate a fire safety inspection was held.	<div style="text-align: center; font-size: 2em; font-weight: bold; margin-bottom: 10px;"><i>3-13-12</i></div> Annual fire drills + safety inspections will be documented + kept in fire safety binder. Fire safety inspection held on 2/9/11. <i>[Signature]</i>	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;"><i>[Signature]</i></div> 3-15-12

Western Region

MAR 14 2012

Adult Residential Licensing

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

Page 18 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
-INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Maice Hall</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>(Signature)</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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																																																																	
132e A fire drill shall be held during sleeping hours once every 6 months:	<p>A fire drill was conducted during sleeping hours on 7/21/11 at 5:00am. The previous drill conducted during sleeping hours was on 7/7/10 at 1:00am.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>ESE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td>02/09/2011</td><td>06:15 PM</td><td>1 minute 23 se</td><td>Yes</td></tr> <tr><td>Mar</td><td>03/25/2011</td><td>08:00 AM</td><td>1 minute 0 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/05/2011</td><td>02:00 PM</td><td>1 minute 30 se</td><td>No</td></tr> <tr><td>May</td><td>05/15/2011</td><td>01:00 PM</td><td>1 minute 0 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/27/2011</td><td>10:00 AM</td><td>1 minute 0 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/21/2011</td><td>05:00 AM</td><td>2 minutes 15 s</td><td>No</td></tr> <tr><td>Aug</td><td>08/21/2011</td><td>01:00 PM</td><td>1 minute 0 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/14/2011</td><td>03:30 PM</td><td>1 minute 45 se</td><td>No</td></tr> <tr><td>Oct</td><td>10/30/2011</td><td>11:45 AM</td><td>1 minute 15 se</td><td>No</td></tr> <tr><td>Nov</td><td>11/28/2011</td><td>03:15 PM</td><td>1 minute 30 se</td><td>No</td></tr> <tr><td>Dec</td><td>12/20/2010</td><td>07:00 PM</td><td>1 minute 20 se</td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Evac. Time	ESE	Jan				No	Feb	02/09/2011	06:15 PM	1 minute 23 se	Yes	Mar	03/25/2011	08:00 AM	1 minute 0 sec	No	Apr	04/05/2011	02:00 PM	1 minute 30 se	No	May	05/15/2011	01:00 PM	1 minute 0 sec	No	Jun	06/27/2011	10:00 AM	1 minute 0 sec	No	Jul	07/21/2011	05:00 AM	2 minutes 15 s	No	Aug	08/21/2011	01:00 PM	1 minute 0 sec	No	Sep	09/14/2011	03:30 PM	1 minute 45 se	No	Oct	10/30/2011	11:45 AM	1 minute 15 se	No	Nov	11/28/2011	03:15 PM	1 minute 30 se	No	Dec	12/20/2010	07:00 PM	1 minute 20 se	No	<p><i>3-13-12</i></p> <p>Sleeping hour fire drills will be highlighted on the fire drill log to ensure they are being conducted.</p> <p>Sleeping hours fire drills will be conducted at least every 6 months.</p> <p><i>(Signature) 3-15-12</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3-15-12</i></p> <p>Date _____ Initials <i>(DPW)</i></p>
Month	Date	Time	Evac. Time	ESE																																																																
Jan				No																																																																
Feb	02/09/2011	06:15 PM	1 minute 23 se	Yes																																																																
Mar	03/25/2011	08:00 AM	1 minute 0 sec	No																																																																
Apr	04/05/2011	02:00 PM	1 minute 30 se	No																																																																
May	05/15/2011	01:00 PM	1 minute 0 sec	No																																																																
Jun	06/27/2011	10:00 AM	1 minute 0 sec	No																																																																
Jul	07/21/2011	05:00 AM	2 minutes 15 s	No																																																																
Aug	08/21/2011	01:00 PM	1 minute 0 sec	No																																																																
Sep	09/14/2011	03:30 PM	1 minute 45 se	No																																																																
Oct	10/30/2011	11:45 AM	1 minute 15 se	No																																																																
Nov	11/28/2011	03:15 PM	1 minute 30 se	No																																																																
Dec	12/20/2010	07:00 PM	1 minute 20 se	No																																																																

Western Region

MAR 14 2012

Adult Residential Licensing

02/27/2008 23:42 7243772580

PAGE 18/38

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

Page 19 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Finner-Alman, Jason Williams	
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>Maui Roll</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There is no exit sign over the 2nd floor emergency exit door. The home currently serves 19 residents.	3-13-12 Exit sign in place	<i>[Signature]</i> 3-15-12

Western Region
 MAR 14 2012
 Adult Residential Licensing

02/27/2008 23:42 7243772680

PAGE 19/38

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

Page 20 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flimmer-Alman, Jason Williams	
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>Marcia Ball</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>(Signature)</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	The 2nd floor emergency exit located in room #11, does not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. On 12/14/11, the home served 19 residents.	3-13-12 Exit sign and cones in place on 2nd floor as a direct visual line to the nearest exit.	<i>(Signature)</i> 3-15-12

Western Region

MAR 14 2012

Adult Residential Licensing

02/27/2008 23:42 7243772680

PAGE 20/38

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

Page 21 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Mari Roll</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jr</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
162e A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with 161.	On 12/13/11, tuna noodle casserole, vegetables and bread were listed on the menu for dinner. Chicken nuggets, baked beans and coie slaw was served instead. No notice was provided to the residents in advance of the meal.	<p>3-13-12 The cook will update the menu of any changes and let the residents know in advance & will still provide the alternate meal</p> <p>4/15/12 The administration will monitor menus and menu changes monthly to ensure changes are posted</p>	<p><i>Jr</i> 3-15-12</p>

Western Region
MAR 14 2012

Adult Residential Licensing

Jr
3-15-12

02/27/2008 23:42 7243772680

PAGE 21/38

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

Page 22 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Ffinner-Alman, Jason Williams	
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>Marcie Kahl</i>	DATE <i>3-13-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3-15-12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	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.	On 12/14/11, five boxes of syringes were unlocked and accessible to residents in the administrator's office.	<i>12-15-11</i> The syringes will be locked in locked filing cabinet. Designated staff will have keys.	<i>[Signature]</i> <i>3-15-12</i>

Western Region

MAR 14 2012

Adult Residential Licensing

02/27/2008 23:42 7243772680

PAGE 22/38

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

Page 23 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alcuan, Jason Williams	
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>Marcell</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 12/10/11, at 9:00pm, Resident # 115 Lantus insulin 12 units was administered. The staff person administering medications on that date and time did not initial or record the date and time of administration.	<p align="center">12-15-11</p> <p align="center">4/15/12</p> <p>All staff educated on medication documentation. Medication administration shall be documented immediately upon passing medications.</p> <p>The administrator or designee will monitor the MAR at least monthly to ensure proper documentation.</p>	<p><i>[Signature]</i></p> <p>3-15-12</p>

Western Region

MAR 14 2012

Adult Residential Licensing

[Signature] 3-15-12

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

Page 24 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marcie Kall</i>	DATE 3-3-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<p>The medical evaluation, completed 8/3/11, indicates Resident #1 has a diagnosis of Lypodemia which is not indicated on the assessment, completed 8/9/11.</p> <p>The medical evaluation, completed 11/7/11, indicates Resident #2 has difficulty understanding and following oral instructions in the event of an emergency. The assessment portion of the resident assessment-support plan (RASP) indicates the resident requires limited physical or oral assistance to evacuate in an emergency.</p> <p>Resident #2 is ordered hospice, which is not indicated on the resident assessment-support plan (RASP), completed 11/7/11.</p>	<p>12-15-11</p> <p>RASPs were updated. Designated staff will do RASPs, then the administrator will also review.</p> <p>By 4/30/12 All assessments of residents will be reviewed to ensure they are complete and accurately reflect residents' conditions.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-15-12 Date <i>[Signature]</i> Initials (DPW)</p>

Western Region
MAR 14 2012
Adult Residential Licensing

[Signature]
3-15-12

02/27/2008 23:42 7243772580

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

Page 25 of 25

NAME AND ADDRESS OF PERSONAL CARE HOME LASOSKY S PERSONAL CARE HOME INC, 23 MAIN STREET CLARKSVILLE, PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Jason Williams	
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>Marcie Hall</i>	DATE 3-13-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	<p>The resident records were in an unlocked filing cabinet in the unlocked administrator's office and were accessible to the public.</p> <p>The following resident records were unlocked and accessible on the counter next to the mini refrigerator in the kitchen:</p> <ul style="list-style-type: none"> A maroon binder containing hospice information on Residents #3, 4 and 5. A blue "Visiting Nurses" binder containing information on residents seen by visiting nurses, hospice care, foley care and services received for Residents #3, 4, 5, 6, 7, 8, 9 and 10. A white "Hospice Aide Plan of Care" binder containing personal care and hygiene information on Residents #3, 4, 5, 6, 7, and 11. A purple "Communication Book" notebook containing personal information on resident's bathing, toileting, hygiene, medical issues and medical appointments. 	<p><i>12-15-11</i></p> <p>Residents records in administrators office will be locked in filing cabinet</p> <p>All residents records by mini fridge were removed and locked in filing cabinet</p> <p><i>4/15/12</i></p> <p>All staff of home and of outside home health agencies will be educated re this</p>	<p><i>[Signature]</i></p> <p>3-15-12</p>

Western Region

MAR 14 2012

Adult Residential Licensing

requirement and will keep records in locked area.

[Signature] 3-15-12