

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WOLF RUN VILLAGE LLC

LEGAL ENTITY

To operate WOLF RUN VILLAGE

NAME OF FACILITY OR AGENCY

Located at 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA 17737

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 80  
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 February 9, 2012 until February 9, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 221490

*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

FEB 28 2012

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

Ms. Carol S. May, Secretary/Asst. Administrator  
Wolf Run Village LLC  
Wolf Run Village  
3750 Route 220 Highway  
Hughesville, Pennsylvania 17737

Dear Ms. May:

As a result of the Department of Public Welfare's licensing inspection on December 16, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

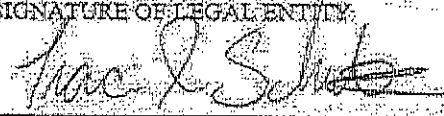
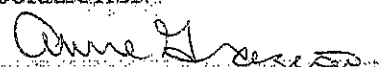
Enclosures  
License  
Violation Report


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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA. 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only, unless multiple representatives produce the plan) <i>Trace J. Schultz Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Trace J. Schultz</i>	DATE 1/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Gracia</i>	DATE 01-27-12

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The homes reportable incident policy does not include the required elements of prevention, reporting, notification, investigation and management of reportable incidents.	Date Completed 1-6-12 by TJS	New policy written and implemented on 1-6-12. (see attached pgs 1-2) Staff trained on new policy on 1-6-12 (see attached pg 5) Old Policy included for reference. (see attached pgs 3-4)	<i>AG</i> 01-26-12

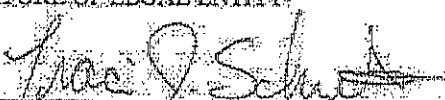

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER: 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Nuyak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Thomas J. Schulte Executive Director			
SIGNATURE OF LEGAL ENTITY 		DATE 1/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 01-27-12

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
42x: A resident has the right to a system to safeguard a resident's money and property.	The home rules state that the home is not responsible for any lost or stolen resident belongings. The home does not offer a storage area or provide locks for individual resident rooms; therefore the home does not offer a system for residents to safeguard their valuables.	Date Completed 1-9-12 by TJS, CS & SDM	A form has been added to the resident/home contract to note if the resident would like to have a locking mechanism. (see attached pg 6) The immediate fix was to ask all current residents if they would like a locking mechanism. Signatures have been obtained and forms have been placed in the resident contract. All residents requesting locking mechanisms have received them. Ongoing-As new residents come into the facility, this form will be completed as a standard part of the contract. All requests will be completed within one week of the move-in. Administrative Staff will verify that the requested locking mechanism is in place.	 01-27-12

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2500**

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NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17137		CURRENT LICENSE NUMBER: 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hammel, Ryan Novak	
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 1/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 01-27-12

REGULATION 55 Pa. Code §2500	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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b); (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry; (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care.	Staff person A who provides direct care to residents was hired on 8/15/11. Staff person A does not have a High School Diploma, GED Diploma or active registry on the PA Nurse Aide Registry.	Date Completed  1-12-12 by TJS	Staff Person A lost diploma in fire and has been working with School District, State and State Representatives Office to obtain a copy. Staff person A has been removed from direct care schedule until a copy or retest can be produced. Ongoing-no new hire will be placed on the schedule until all required paperwork is in the EE file. A checklist of required paperwork is now part of the new hire packet. (see attached pg 11)	 01-27-12

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2608**

NAME AND ADDRESS OF PERSONAL CARE HOME WOOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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>Trace J. Schulte</i>	DATE 1/10/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Grayson</i>	DATE 01-27-12

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
services with reasonable skill and safety			See page 3	

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

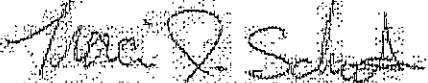

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA. 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce this plan)			
SIGNATURE OF LEGAL ENTITY <i>Traci J. Scholtz</i>	DATE <i>1/27/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne K. [Signature]</i>	DATE 1-27-12

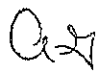
REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	The home schedules one direct care staff person on the 11:00pm to 7:00am shift. The home has 36 residents residing at the facility. Based on medical evaluations for resident #1 dated 8/9/11 and the medical evaluation for resident #2 dated 3/18/11, both residents are unable to move from one location to another without physical assistance from others. The home is required to have at least three staff scheduled to work at all times in the event of an emergency.	Date Completed  12-19-11 by TJS & CS	The Medical Evals were not correct. This was not caught when the Med Evals came back to us. The inspectors witnessed both residents were mobile. As directed by the inspectors, Additional staffing was added to the schedule beginning 12-16-11 until the physician corrected the Med Evals. (see attached pgs 7-8) Ongoing-All Medical Evaluations will be reviewed by Administrative Staff/PLN. In the future, if residents have additional needs based on mobility status, the home will schedule additional hours based on the regulations	Steps have been taken to correct violation, full compliance is not yet achieved. Date 01-27-12 Initials [Signature]

*as 01-27-12*

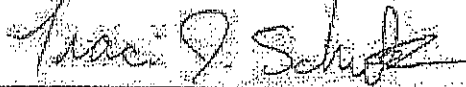

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

Page 6 of 24

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17337		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Josse Hummel, Ryan Noval	
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 1/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 01-27-12

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
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.	Department Representatives observed that the home does not have the Emergency Numbers posted on or near any of the telephones located within the facility. All of the telephones have an outside line.	Date Completed  12-19-11 by TJS	All telephones now have Emergency #'s affixed to or near them. (see attached pg 9) Ongoing-Administrative staff will conduct monthly inspections to ensure the Emergency #'s tags have not been removed. New tags will immediately be affixed to any phone found without one.	 01-27-12

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Nevak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce this plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 1/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 01-27-12

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
121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	Department Representatives observed the gates for the courtyard off of Wing A and Wing B and the courtyard off of Wing C and Wing D locked with a padlock. All of the exits leading to the courtyard are clearly labeled as an exit. The home does not have approval from the Department of Labor and Industry to have these courtyard gates locked.	Date Completed 1-10-12 by TJS & SDM	On the date of the inspection the locks were removed from the courtyard gates.  All gate locks were immediately removed, courtyard doors were alarmed and staff was retrained on what to do when an alarm goes off. (see attached pg 10). A letter was obtained from the Dept of Labor and Industry to verify that the locks on the gates were approved. (see attached pgs 12-13).  Staff were in-serviced on not locking courtyard gates.	

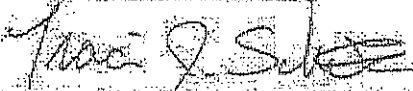

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jess Hummel, Ryan Nowak	
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>Trace J. Schulz</i>	DATE <i>1/12/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dave Hryciwo</i>	DATE <i>0-27-12</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
332h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The home schedules one direct care staff person on the 11:00pm to 7:00am shift. The home has 36 residents currently residing in the facility, two with mobility needs. During evacuations the home utilizes four designated fire safe areas as well as two courtyards to evacuate residents during drills. The home does not have a system to account for all residents during an evacuation. If an evacuation would occur on the 11:00pm to 7:00am shift.	Date Completed  12-19-11 by TJS & CS  1-10-12 by TJS & SDM	The Medical Evals were not correct. This was not caught when the Med Evals came back to us. The inspectors witnessed both residents were mobile.  As directed by the inspectors, additional staffing was added to the schedule beginning 12-16-11 until the physician corrected the Med Evals. (see attached pgs 7-8).  In addition, a letter was obtained from the Dept of Labor and Industry to verify that the evacuations are to the four fire safe areas. If evacuation from these fire safe areas is required the Fire Department will assist. (see attached pgs 12-13).  <i>If residents have mobility needs, the home will provide</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>01-27-12</i> <i>Initials (DPM)</i>

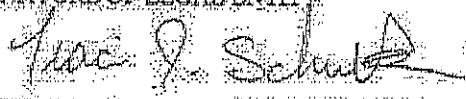
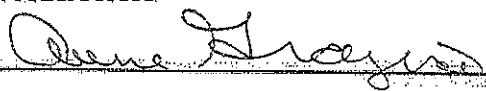
*necessary staffing in order to safely evacuate residents*


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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3730 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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 1/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 01-27-12

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
	Month	Date	Time	Evac. Time	PSE			
	Jan	01/25/2011	10:00 AM	3 min 8 sec	Yes		See page 8	
	Feb	02/25/2011	03:30 PM	4 min 10 sec	No			
	Mar	03/24/2011	08:10 AM	4 min 58 sec	No			
	Apr	04/20/2011	04:20 PM	4 min 25 sec	No			
	May	05/18/2011	07:30 PM	4 min 37 sec	No			
	Jun	06/30/2011	09:00 PM	3 min 23 sec	No			
	Jul	07/14/2011	08:00 AM	4 min 21 sec	No			
	Aug	08/02/2011	11:47 AM	2 min 57 sec	No			
	Sep	08/28/2011	11:25 PM	5 min 40 sec	No			
	Oct	10/31/2011	02:50 PM	4 min 3 sec	No			
	Nov	11/29/2011	01:14 PM	4 min 41 sec	No			
	Dec	12/14/2011	10:30 AM	5 min 13 sec	No			

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hammel, Ryan Novak	
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 1/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 01-27-12

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
161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	The medical evaluation dated 4/27/11 for Resident #3 notes a low salt diet. The assessment dated 5/2/11 for Resident #3 has nothing noted for special health or dietary needs. The home is not meeting Resident #3's dietary needs as prescribed by the physician.	Date Completed 12-16-11 by TJS & CS	All residents are served no added salt meals. The dietary staff has a list of all dietary needs. (see attached pg 14)  Going forward - Administrative Staff/LPN will review all Medical Evaluations and RASPs to ensure consistency. Resident # 3's Assessment has been corrected. (see attached pg 15)	 01-27-12

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221498	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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>Trace J. Schuch</i>	DATE 1/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dee Drager</i>	DATE 01-27-12

REGULATION 55 Pa. Code §2609	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
162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The menu posted in the home was dated 12/11-12/17/11. The home did not have the following week's menu posted.	Date Completed 12-16-11 by TJS & EH	New Dietary Manager is now aware that a minimum two week menu must be posted. Ongoing - Administrative Staff/ED will check dining room doors weekly to ensure compliance.	<i>Q27</i> 1-27-12

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

Page 12 of 24

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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>John J. Schuch</i>	DATE <i>1/27/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anna Grayson</i>	DATE <i>1-27-12</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
131c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	Resident #4's medical evaluation dated 10/3/11 notes Resident #4 can self administer medications with assistance in offering medications at prescribed times. The following medications were found in the resident's room that Resident #4 was self administering without the assistance of staff: <ul style="list-style-type: none"> <li>• Tylenol Extra Strength</li> <li>• Similtasan Style Eye Relief</li> <li>• Rite Aid Sore throat Relief</li> <li>• Vicks Vapor Rub</li> <li>• Halls Cherry drops</li> </ul>	Date Completed  12-16-11 by TJS & VM	Resident #4's family and private caregivers have been issued a notice that they may not bring OTC meds to the resident's room. All OTC meds were returned to the resident's daughter. (see attached pg 16)  Ongoing-A new home rule was distributed to the residents and their families about bringing food and meds in to residents. (see attached pg 6) Resident #4's room will be checked on a daily basis for any unauthorized items. All other resident rooms will be checked as part of our monthly bulking checks conducted by the Administrative Staff.	<i>CS</i> 01-27-12

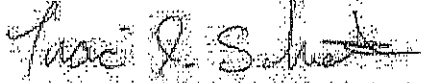
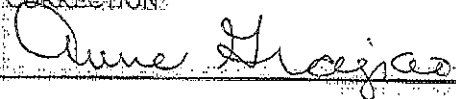
**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**


NAME AND ADDRESS OF PERSONAL CARE HOME: WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER: 221490	
INSPECTION DATES (include all dates of the inspection): 12/16/2011		REGIONAL REPRESENTATIVE: James Jesse Hummel, Ryan Novak	
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>June J. Schubert</i>	DATE: <i>1/27/12</i>	REGIONAL LICENSING APPROVAL OR PLAN OF CORRECTION: <i>June J. Schubert</i>	DATE: <i>01-27-12</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 ensure 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.	<p>The following medications were unlocked and accessible in Resident #5's &amp; Resident #6's room. The medical evaluation for Resident #5 &amp; Resident #6 note that the Residents are both able to self administer medications without assistance from others. At 5:30pm Resident #5 &amp; Resident #6's door was unlocked and Resident #5 &amp; Resident #6 were not present in the room. Phillips Milk of Magnesium, Tums Regular Strength, 2 bottles of Acetaminophen 500mg, Hydrocortisone Cream, Pepto Bismol Caplets, Gold Bond anti-itch cream, Neosporin and Bacitracin Zinc Ointment.</p> <p>Resident #4's medical evaluation dated 10/3/11 notes Resident #4 can self administer medications with assistance in offering medications at prescribed times. The following medications were found in the resident's room unlocked and accessible: Similasan Silye Eye Relief, Rile Aid Sore Throat Relief, Vicks Vapor Rub, Halls Cherry Cough Drops and Tums Extra Strength tablets.</p>	<p>Date Completed</p> <p>12-16-11 by TJS &amp; VM</p>	<p>Residents #5 &amp; #6 have a lock box for meds. They refuse to use the box. A lock has been placed on their door. They and the family were given a key. The residents, family and staff have all been instructed to lock the door when the residents are not in the room.</p> <p>Ongoing: Administrative Staff will spot check to ensure staff &amp; residents are in compliance.</p> <p>Resident #4's family and private caregivers have been issued a notice that they may not bring OTC meds to the resident's room. All OTC meds were returned to the resident's daughter. (see attached pg. 16)</p> <p>Ongoing: A new home rule was distributed to the residents and their families about bringing food and meds in to residents. (see attached pg. 6). Resident #4's room will be checked on a daily basis for any unauthorized items. All other resident rooms will be checked as part of our monthly building checks conducted by the Administrative Staff. (see attached pg. 18)</p>	<p>Steps have been taken to correct violation, full compliance is not yet realistic</p> <p>Date <i>01-27-12</i>  <i>Michelle (DPW)</i></p>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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 1/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 01-27-12

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
133d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #7 and resident #8 are prescribed Novolog insulin. The home opened the insulin for both residents, however did not label the bottles of insulin with the dates they were opened. The manufacturers instructions state to discard any unused insulin twenty eight days after the bottle is opened.	Date Completed 12-20-11 by TJS & VM	Staff made aware of error and retrained on 12/20/11. (see attached pg 5) Ongoing-Administrative Staff will label all incoming meds with date opened stickers. Staff will fill in as they open. A sign has been placed on the refrigerator and med cart as a reminder. (see attached pg 17) Administrative Staff/LPN will check meds weekly.	 01-27-12

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOEFERUN VILLAGE, 3750 ROUTE 220 HIGHWAY EUGHESSVILLE PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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>Traci J. Schmitt</i>	DATE <i>1/27/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Grayes</i>	DATE <i>1-27-12</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
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.	The home's policy on storage of medications state all medications will be kept in locked storage at all times. Quarterly evaluations of the residents' ability to safely store and self administer medications will be done by the administrator. Through interviews with Administrator B and Executive Director C this is not being completed quarterly by the administrator. The physician is completing it annually on the medical evaluation. The Resident rooms in the facility do not have locks on the doors to safely secure any medications maintained in the room by residents.	Date Completed  1-4-12 by TJS, CS & SDM	After a review of ALL residents, a locking mechanism was provided to all residents that are able to safely store and self administer meds.  The policy has been updated to read the quarterly review will be completed by the administrative staff. (see attached pg 18) Ongoing Administrative Staff/LPN will conduct the review.	<i>CS</i> 1-27-12

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Nayak	
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>Francis J. Schick</i>	DATE <i>1/24/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Orna Grego</i>	DATE <i>1-27-12</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
187a: A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name; (2) Drug/allergies; (3) Name of medication; (4) Strength; (5) Dosage form; (6) Dose; (7) Route of administration; (8) Frequency of administration; (9) Administration times; (10) Duration of therapy, if applicable; (11) Special	The medication Administration Record for resident #9 does not include a diagnosis or purpose for the prescription medication Tramadol 50mg.  The Medication Administration Record for resident #10 does not include a diagnosis or purpose for the prescription medication Actonel 35mg.	Date Completed 12-16-11 by TJS & VM	The MARs were corrected. (see attached pgs 19-20) Ongoing Administrative Staff/LPN will review the MAR monthly as well as when new orders arrive.	<i>QJ</i> <i>1-27-12</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA. 17337		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Noyak	
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>Tim J. Schuch</i>	DATE <i>1/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne L. Gray</i>	DATE <i>1-27-12</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
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.			See Page 16	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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>Mae J. Schulte</i>	DATE <i>1/27/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deve Dreyfus</i>	DATE <i>1-27-12</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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>Resident #4 is prescribed the following prescription medications: Daily-Vite Tab; Docusate Sodium 10mg; Furosemide 20mg; Lipitor 20mg; Omeprazole 20mg and Tamulosin 4mg. The Medication Administration Record for resident #4 is not initialed indicating these medications were administered as prescribed on 12/15/11 at 8:00am.</p> <p>Resident #5 is prescribed Lexapro 5mg. The Medication Administration Record for resident #5 is not initialed to indicate this medication was administered as prescribed on 12/17/11 at 9:00am.</p> <p>Resident #11 is prescribed Anicept 10mg. The Medication Administration Record for resident #11 is not initialed to indicate this medication was administered as prescribed on 12/9/11 at 8:00pm.</p>	Date Completed 12-20-11 by TJS & VM	Medical Technicians were counseled and retrained on proper procedure for Administering Meds. (See attached pg 5) Ongoing-MARs will be reviewed weekly by LPN and Med Techs counseled on any findings.	<i>AS</i> 1-27-12

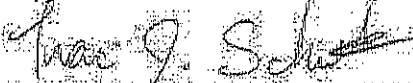
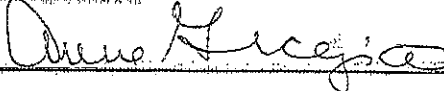
**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17757		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Nevak	
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>Traci J. Schmitt</i>	DATE <i>1/16/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gene Gray</i>	DATE <i>1-27-12</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
202: The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	Resident #1 is prescribed Halcil 5mg as needed for agitation. On 12/16/11 at 6:30pm this medication was administered to resident #1. The Medication Administration Record states the reason as given, "Agitation." The home is not permitted to administer medications to control a resident's behavior.	Date Completed  1/2/12 by CS	Physician has changed the order to meds for Anxiety not Agitation. (see attached pg 21-22) Going Forward the Administrative Staff/LPN will review all orders.  <i>Adm will ensure via mandatory staff training the prohibition regarding chemical restraints Documentation will be faxed to NE Regional office</i> <i>Ag 1-27-12</i>	<i>Steps have been taken to correct violation full compliance to be confirmed</i> <i>1-27-12</i> <i>CS</i> Date

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

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NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221450	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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 1/13/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-27-12

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
<p>compliance, is prohibited.</p> <p>(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.</p> <p>(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.</p> <p>(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or</p>			See page 19	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17337		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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>Traci G. Schulte</i>	DATE <i>1/27/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Oliver A. Procyo</i>	DATE <i>1-27-12</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
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.			See page 19.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA. 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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>Mac J. Schmitt</i>	DATE <i>1/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chene Grayson</i>	DATE <i>1-27-12</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
2246 The preadmission screening shall be completed by the administrator or designee.	Resident #12's preadmission screening dated 10/11/11 was incomplete. There was nothing noted for diagnosis or other special care needs & behavioral needs.	Date Completed:  12/16/11 by TJS	ED completed the Preadmission Screening. The blanks were unknown at the time of the screening. The Preadmission Screening has been corrected. (see attached pg 23) Going forward all unknown information will be filled in as such. Administrative Staff/LPN will review all Preadmission screenings to ensure all needed information is complete and correct.	<i>ASJ</i> 1-27-12

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17037		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ryan Novak	
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>Traci J. Schmitt</i>	DATE 1/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris Grayson</i>	DATE 1-27-12

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
226a. The resident shall be assessed for mobility needs as part of the resident's assessment.	The medical evaluation for Resident #1 dated 8/9/11 notes unable to move from one location to another without physical assistance from others for mobility needs. The assessment dated 7/28/11 for Resident #1 notes Resident #1 does not have mobility need. The two forms are not in agreement. This medical evaluation for Resident #2 dated 3/18/11 notes unable to move from one location to another without physical assistance from others for mobility needs. The assessment dated 2/17/11 for Resident #2 notes Resident #2 is independently mobile with an ambulation device. The two forms are not in agreement.	Date Completed 12-19-11 by TJS & CS	The Medical Evale were not correct. This was not caught when the Med Evals came back to us. The inspectors witnessed both residents were mobile. The physician corrected the Med Evals (see attached pgs 7-8). Ongoing-All Medical Evaluations, Assessments and Support Plans will be reviewed by Administrative Staff/LPN to ensure consistency, and correctness.	Steps have been taken to correct violation, full compliance is not verified. Date 1-27-12 Chris Grayson

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSECTION DATES (Include all dates of the inspection) 12/16/2011		REGIONAL REPRESENTATIVE James Jesse Hammel, Ryan Novak	
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>Traci J. Scholtz</i>	DATE <i>1/16/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane H. Hagedorn</i>	DATE <i>1-27-12</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:
251b: The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	Correction tape was utilized on Resident #12's preadmission screening dated 10/11/11.	Date Completed  12/16/11 by TJS	ED completed the Preadmission Screening. The name was spelled wrong and corrected with correction tape. All correction tape has been removed from the building. A new Preadmission Screening has been filled out. (see attached pg 24-25) ED is now aware that correction can not be used in PCHs.  Going forward - Administrative Staff/LPN will review all Preadmission screenings. <i>Resident Records An correctness, completion and compliance</i> <i>EG</i>	Steps have been taken to correct violation full compliance is not verifiable <i>12-27-12</i> Date Initials (D.O.B.)