

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARIA JOSEPH MANOR, INC.

LEGAL ENTITY

To operate NAZARETH MEMORY CENTER AT MARIA JOSEPH

NAME OF FACILITY OR AGENCY

Located at 610 SCHOOLHOUSE ROAD, DANVILLE, PA 17821

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 24
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 25, 2012 until January 25, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 211150

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 03 2012

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

Sister Marcine Klocko, Treasurer
Maria Joseph Manor, Inc.
875 Montour Boulevard
Danville, Pennsylvania 17821

RE: Nazareth Memory Center at Maria Joseph
610 Schoolhouse Road
Danville, Pennsylvania 17821

Dear Sister Klocko:

As a result of the Department of Public Welfare's licensing inspection on December 21, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME NAZARETH MEMORY CENTER AT MARIA JOSEPH, 610 SCHOOLHOUSE ROAD DANVILLE, PA 17821		CURRENT LICENSE NUMBER 211150	
INSPECTION DATES (Include all dates of the inspection) 12/21/2011		REGIONAL REPRESENTATIVE Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Denise Rantz Administrator Tom Conlin - Chief Operating Officer Sister Marcine Klocko - Treasurer			
SIGNATURE OF LEGAL ENTITY <i>Denise Rantz Administrator</i> <i>Sister Marcine Klocko, Treasurer</i> <i>Thomas J. Conlin, CEO</i>	DATE 1-11-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aune L. Grayson</i>	DATE 1-18-12

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
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 "Master Key "which was used in conjunction with the December 11, 2011 medication administration record did not include the required staff persons' printed names. <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; margin: 5px 0;">JAN 13 2012</div> <div style="text-align: center; font-weight: bold; margin: 5px 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>	1-02-2012	Administrator inserviced LPN's and med-tech on regulation 187a(14) Administrator redesigned the signature form from being Date, signature and Initial to read date, print name, signature, and initial. New signature form implemented on 1-2-2012 and old form destroyed.	<i>AG</i> 1-18-12

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

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SIGNATURE OF LEGAL ENTITY <i>Denise Rantz Administrator</i> <i>Sister Marcine Klocko Treasurer</i> <i>Thomas J. Conlin CSO</i>	DATE 1-11-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 1-18-12

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
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.	Administrative error onp	1-2-2012		