

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONNIE S. EICHER LEGAL ENTITY

To operate EICHER'S FAMILY HOME CARE NAME OF FACILITY OR AGENCY

Located at 704 CAMP ACHIEVEMENT ROAD, NORMALVILLE, PA 15469 (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 42 (MAXIMUM CAPACITY)  
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 (MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 28, 2012 until January 28, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446740

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 29 2012

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

Ms. Connie Eicher, Owner/Operator  
P.O. Box F  
Normalville, Pennsylvania 15469

RE: Eicher's Family Home Care  
704 Camp Achievement Road  
Normalville, Pennsylvania 15469

Dear Ms. Eicher:

As a result of the Department of Public Welfare's licensing inspection on January 10, 2012 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


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

NAME AND ADDRESS OF PERSONAL CARE HOME EICHER S FAMILY HOME CARE, 704 CAMP ACHIEVEMENT ROAD NORMALVILLE, PA 15469		CURRENT LICENSE NUMBER 446740	
INSPECTION DATES (Include all dates of the inspection) 01/10/2012		REGIONAL REPRESENTATIVE Diane Whitney, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING representatives produce the plan)		PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple)	
Adult Residential Licensing KESTIE M C CAIN RN ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Kestie Mc Cain RN</i>	DATE 030912	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-16-12

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																																																																	
132f Alternate exit routes shall be used during fire drills.	The home has 5 fire exits and 1 fire safe area. The last 7 fire drills used the fire safe area only.  <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/12/2011</td><td>05:30 AM</td><td>2min,30sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/20/2011</td><td>01:30 PM</td><td>2min,15sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/05/2011</td><td>09:00 PM</td><td>2min,30sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/09/2011</td><td>03:00 PM</td><td>2min,10sec</td><td>No</td></tr> <tr><td>May</td><td>05/10/2011</td><td>06:00 PM</td><td>2min,15sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/07/2011</td><td>07:30 AM</td><td>2min,10sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/24/2011</td><td>11:30 PM</td><td>2min,30sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/09/2011</td><td>11:30 AM</td><td>2min,10sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/12/2011</td><td>07:00 PM</td><td>2min,45sec</td><td>Yes</td></tr> <tr><td>Oct</td><td>10/20/2011</td><td>08:00 AM</td><td>2min,15sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/28/2011</td><td>11:00 PM</td><td>2min,30sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/23/2011</td><td>09:00 PM</td><td>2min,35sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/12/2011	05:30 AM	2min,30sec	No	Feb	02/20/2011	01:30 PM	2min,15sec	No	Mar	03/05/2011	09:00 PM	2min,30sec	No	Apr	04/09/2011	03:00 PM	2min,10sec	No	May	05/10/2011	06:00 PM	2min,15sec	No	Jun	06/07/2011	07:30 AM	2min,10sec	No	Jul	07/24/2011	11:30 PM	2min,30sec	No	Aug	08/09/2011	11:30 AM	2min,10sec	No	Sep	09/12/2011	07:00 PM	2min,45sec	Yes	Oct	10/20/2011	08:00 AM	2min,15sec	No	Nov	11/28/2011	11:00 PM	2min,30sec	No	Dec	12/23/2011	09:00 PM	2min,35sec	No	132f  2/16/12  EFFECTIVE IMMEDIATELY EICHER'S FAMILY HOME WILL USE ALTERNATING EXIT ROUTES DURING THEIR MONTHLY FIREDRILLS  THIS WILL BE REFLECTED ON OUR FIRE DRILL DOCUMENTATION (SEE ATTACHED)	
Mont	Date	Time	Evac. Time	FSE																																																																
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME EICHER S FAMILY HOME CARE, 704 CAMP ACHIEVEMENT ROAD NORMALVILLE, PA 15469		CURRENT LICENSE NUMBER 446740	
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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
			3-12-12


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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #1 was admitted to hospice on 6-7-2011. A new medical evaluation to reflect the significant change was not completed.	<p>141b2</p> <p>3-9-12</p> <p>EFFECTIVE IMMEDIATELY WHEN A RESIDENT'S PHYSICIAN DEEMS HIM/HER APPROPRIATE FOR HOSPICE SERVICES, THE DOCTOR WILL BE INSTRUCTED TO COMPLETE A NEW MEDICAL EVALUATION (MAY 55) TO REFLECT THIS CHANGE.</p> <p>SIMILARLY IF ANY SIGNIFICANT CHANGES OR NEW DIAGNOSES ARE IDENTIFIED BY THE PHYSICIAN A NEW MEDICAL EVALUATION WILL BE COMPLETED</p> <p>THE HOME'S ADMINISTRATOR WILL ENSURE COMPLETION OF NEW MEDICAL EVALUATIONS BY REVIEWING EACH RESIDENT'S MED SHEETS FOR CHANGES + BY PLANNED WEEKLY MEETINGS C AMEDYSIS RNS IN HOME</p>	 3-12-12

41 b 2

A NEW MEDICAL EVALUATION  
FOR RESIDENT # 1 01112  
REFLECTING SIGNIFICANT  
CHANGE + NEED FOR  
HOSPICE SERVICES


 3-16-12

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

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Adult Residential Licensing		 DATE: 3-12-12	


**Western Region**

MAR 16 2012

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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	On 1-10-2011, resident #2's Humalog insulin was dated as opened on 11-8-2011. The manufacturer states that the medication should be discarded after 28 days.	183f1  3-9-12  A MEETING INCLUDING ALL MEDICATION AIDES AT THE HOME WAS HELD ON 1-11-12. MEDICATION AIDES INSTRUCTED TO CHECK ALL EXPIRATION DATES ON INSULIN AS WELL AS DATE EACH BOTTLE UPON OPENING WITH "DATE OPENED" DATE TO DISCARD (28 DAYS FROM OPENING) + THEIR INITIAL. MED AIDES WERE ALSO INSTRUCTED TO CHECK THESE DATES ON BOTTLE PRIOR TO ADMINISTERING ALL INSULIN IN ORDER TO DOUBLE CHECK THIS IS BEING PERFORMED THE MED AIDE ON NIGHT SHIFT WILL CHECK DATES ON INSULIN BOTTLES AND ALL BOTTLED MEDICATION IN	 3-16-12

MED ROOM - SHE WILL REPORT ALL EXPIRATIONS TO TANYA BESSE, MED TRAINER  
- FOR KYLE MCCAIN, ADMINISTRATOR

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

NAME AND ADDRESS OF PERSONAL CARE HOME EICHER S FAMILY HOME CARE, 704 CAMP ACHIEVEMENT ROAD NORMALVILLE, PA 15469		CURRENT LICENSE NUMBER 446740	
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Adult Residential Licensing		MAR 16 2012	
SIGNATURE OF LEGAL ENTITY		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			 3-14-12

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
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.			

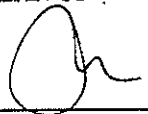
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
		<i>DL</i>	3-16-12

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #1's Humalog insulin was not dated when opened.	185a  1-11-12  AS PREVIOUSLY ADDRESSED IN PLAN OF CORRECTION IN A MEETING WITH MED AIDES HELD BY [REDACTED] MED TRAINER + [REDACTED] ADMINISTRATOR, ON 1-11-12, MED AIDES WERE INSTRUCTED TO WRITE DATE OPENED / DATE TO BE DISCARDED (28 DAYS FROM OPENING) + TO INITIAL EACH INSULIN VIAL  THE NIGHT SHIFT MED AIDE WILL REVIEW EACH INSULIN VIAL EACH NIGHT AND REPORT ANY NON-COMPLIANCE TO [REDACTED] MED TRAINER	<i>J</i> 3-16-12

OR [REDACTED] ADMINS-TRATOR  
By 4/15/12 the administrator or designee will monitor monthly.


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

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-16-12

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.	Resident #1's assessment, dated 3-23-2011, did not include the diagnoses of DM, hypothyroidism and hyperlipidemia from the medical evaluation dated 3-13-2011.  Resident #3's assessment, dated 10-4-2011, did not include the diagnoses of hypertension and reflux esophagitis from the medical evaluation dated 10-9-2011.  <i>Repeated Violation: 11/22/10</i>	225a  3-9-12  <i>By 4/30/12</i>  BOTH RESIDENT 1 + RESIDENT 3'S ASSESSMENTS WERE UPDATED + AMENDED (DATED 01-11-12) BY ADMINISTRATOR TO INCLUDE ALL DIAGNOSES FROM THEIR MOST RECENT MEDICAL EVALUATIONS.  IN THE FUTURE ALL MEDICAL DIAGNOSES WRITTEN ON <sup>Medical Evaluation</sup> <del>MASS</del> WILL BE INCLUDED ON THE ASSESSMENTS OF ALL RESIDENTS AT THE HOME  <i>Administrator, or designee will review all resident assessments to ensure they are complete, and include all diagnoses.</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>3-16-12</u> Date <i>DPW</i> Initials (DPW)

*Oh 3-16-12*

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

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			3-16-12

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1 was admitted to hospice on 6-7-2011. A new assessment was not completed to reflect the significant change.  Resident #2's assessment, dated 11-16-2011, did not include the diagnoses of IDDM, hypothyroidism, GERD, DJD, and osteoporosis from the medical evaluation dated 11-16-2011.  Resident #4's assessment, dated 4-7-2011, did not include the diagnoses of seizure disorder, hypertension, anxiety, and a diet with honey thickened liquids from the medical evaluation dated 4-8-2011.	225c  3-9-12  A NEW ASSESSMENT FOR RESIDENT #1 WAS COMPLETED ON 01-11-12 TO REFLECT CHANGES IN [REDACTED] MEDICAL STATUS RESULTING IN [REDACTED] NEED FOR HOSPICE SERVICES  RESIDENT 2 & RESIDENT 4'S ASSESSMENTS WERE UPDATED ON 01-11-12 TO INCLUDE OMISSIONS OF DIAGNOSES FROM THE RESIDENT'S MEDICAL EVALUATION  RESIDENT 4'S DIET WAS AMENDED TO (0001-11-12) HONEY THICKENED LIQUIDS ON [REDACTED] SUPPORT PLAN AS STATED ON [REDACTED] MEDICAL EVALUATION  IN THE FUTURE ALL DIAGNOSES	Steps have been taken to correct violation, full compliance is not verifiable Date 3-16-12 Initials (DF)

By 4/30/12 - Administrator or designee will review all [unclear] + [unclear] to ensure [unclear] compliance.

AND SPECIAL DIETS WILL BE REFLECTED ON RESIDENT ASSESSMENTS

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

NAME AND ADDRESS OF PERSONAL CARE HOME EICHER S FAMILY HOME CARE, 704 CAMP ACHIEVEMENT ROAD NORMALVILLE, PA 15469		CURRENT LICENSE NUMBER 446740	
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SIGNATURE OF LEGAL ENTITY		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			DATE

Western Region

MAR 16 2012

Adult Residential Licensing

3-16-12

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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #1 was admitted to hospice on 6-7-2011. A new support plan was not completed to reflect the significant change.	227C  RESIDENT'S SUPPORT PLAN WAS REWRITTEN 01-11-12 TO REFLECT CHANGES RESULTING IN [REDACTED] ADMISSION TO HOSPICE SERVICES  IN THE FUTURE ALL RESIDENTS ADMITTED TO HOSPICE WILL HAVE A NEW SUPPORT PLAN WRITTEN BY THIS ADMINISTRATOR	<p style="font-size: 1.5em; margin-top: 10px;">3-16-12</p>

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

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #1's support plan, dated 3-23-2011, does not indicate how the home will address the resident's special diet of pureed foods and mobility needs.	<p style="text-align: center;">227d</p> <p>RESIDENT 1'S SUPPORT PLAN WAS REWRITTEN ON 01-11-12, INCLUDING PLAN TO MEET NEEDS FOR SPECIAL DIET + MOBILITY</p> <p>IN THE FUTURE ALL RESIDENT'S SUPPORT PLANS WILL ADDRESS SPECIAL NEEDS + PLAN TO ADDRESS THESE NEEDS</p>	 3-16-12


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

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident #1, #2, #3, and #4's records do not include an inventory of the residents' personal property.	252 18 )  A NEW FORM TO BE COMPLETED ON THE RESIDENT'S ADMISSION TO THE HOME + UPDATED AS NEEDED WAS DEVELOPED. THIS FORM REFLECTS RESIDENT CLOTHING, PERSONAL HYGIENE ITEMS, VALUABLES + MOWEY BROUGHT INTO THE HOME AT THE TIME OF ADMISSION. DIRECT CARE STAFF HAVE BEEN INSTRUCTED IN A MEETING HELD ON 01-11-12 TO COMPLETE THIS FORM ON ADMISSION AND HAVE RESIDENT/ FAMILY INITIAL - DIRECT CARE STAFF WERE ALSO INSTRUCTED TO UPDATE	 3-16-12


THIS INVENTORY WHEN RESIDENT'S FAMILIES BRING IN ADDITIONAL CLOTHING/ MOWEY/ VALUABLE

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

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary		ALL CURRENT RESIDENTS POSSESSIONS IN PCH LOGGED IN USING THIS FORM (INCLUDING RESIDENT #1, 2, 3, 4)	

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

NAME AND ADDRESS OF PERSONAL CARE HOME EICHER S FAMILY HOME CARE, 704 CAMP ACHIEVEMENT ROAD NORMALVILLE, PA 15469		CURRENT LICENSE NUMBER 446740	
INSPECTION DATES (Include all dates of the inspection) 01/10/2012	<b>Western Region</b>		
	REGIONAL REPRESENTATIVE Diane Whitney, Alden Linhart		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	MAR 16 2012 Adult Residential Licensing		
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
			3-16-12


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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.			

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

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 3-16-12

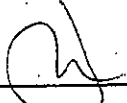
REGULATION 55 Pa. Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents			

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

NAME AND ADDRESS OF PERSONAL CARE HOME EICHER S FAMILY HOME CARE, 704 CAMP ACHE, <b>Western Region</b> , PA 15469		CURRENT LICENSE NUMBER 446740	
INSPECTION DATES (Include all dates of the inspection) 01/10/2012		REGIONAL REPRESENTATIVE Diane Whitney, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY representatives produce the plan)		REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Adult Residential Licensing	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-16-12

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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified			

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

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In 41. (25) A copy of the resident-home contract. (26) A termination notice, if any			