

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DUBOIS CONTINUUM OF CARE COMMUNITY, INC.

To operate DUBOIS VILLAGE

Located at 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801

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 141
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 23

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: 316060

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

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

MAR 05 2012

Mr. Thomas Allhouse, Board President
Dubois Continuum of Care Community, Inc.
Dubois Village
282 South Eighth Street
Dubois, Pennsylvania 15801

Dear Mr. Allhouse:

As a result of the Department of Public Welfare's licensing inspection on January 12, 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 '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 DUBOIS VILLAGE, 282 SOUTH EIGHTH STREET DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316060	
INSPECTION DATES (Include all dates of the inspection) 01/12/2012		REGIONAL REPRESENTATIVE Tera Newman, Lisa Flinner-Alman	
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>Sammy & Haine</i>	DATE 1/31/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Maia Stepanovich (MS)</i>	DATE 2/2/12

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
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 quart spray bottle of Betco Foaming Cleanser, with a manufacture's label indicating "Ingestion-if swallowed, contact a poison control center immediately for advice", was unlocked and accessible to residents in the second floor country kitchen.</p> <p>Not all the residents of the home have been assessed capable of recognizing and using poisons safely.</p> <div style="text-align: center; margin-top: 20px;"> <p>RECEIVED</p> <p>Western Field Office Licensing</p> </div>	2/7/12	<p>The Betco foaming cleanser was immediately removed by maintenance and taken to a secure locked cupboard. An audit of the facility (common areas and resident rooms with their permission) will be conducted by the Director of Activities to identify products/chemicals which may be present and may pose a risk to the residents. All staff was in-serviced on January 27, 2012 regarding all poisonous material regulations and the requirement of keeping poisonous materials locked up and inaccessible from the residents. A chemical audit will be performed monthly during the monthly building audit performed by the Director of Activities and findings will be reported and discussed in the monthly quality assurance meeting to maintain compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/9/12 MS Date Initials (DPI)</p>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Sammy A. Heene</i>	DATE 1/31/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE 2/2/12

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.	<p>The telephone located across from the activity storage room does not have emergency service numbers posted nearby.</p> <div style="text-align: center; margin-top: 20px;"> <p>RECEIVED</p> <p>-----</p> <p>Western Field Office Adult Residential Licensing</p> </div>	1/31/12	<p>a telephone number posting has been placed by The Activity Storage room telephone by The beauty shop and a picture has been attached for verification. An audit of all telephones will be conducted by The Director of Activities to assure all phones have required telephone numbers posted by phones with an outside line. Telephone number postings will be audited during monthly building audit by the Director of Activities. Staff will be in-serviced to report any telephone postings that may be identified as missing. Findings of monthly building audits will be reported and discussed in the monthly quality assurance meeting to maintain compliance.</p>	<p style="text-align: right;"><i>MS</i> 2/2/12</p>

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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There is no bedside table or shelf beside the bed in room 303.	1/31/12	<p>Bedside table was located in the room but located by the TV per the daughters (POA) request due to a safety concern related to a fall. Bedside table has been replaced to the bedside and a picture has been attached for verification. Physician has been contacted regarding daughters concern of safety.</p>	<p><i>MS</i> 2/2/12</p>
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 12px; margin: 5px 0 0 0;">Western Field Office Adult Residential Licensing</p> </div>				

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SIGNATURE OF LEGAL ENTITY <i>Sammy A. Heine</i>	DATE <i>1/31/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE <i>2/2/12</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
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.	There were no thermometers in the refrigerator in the secured dementia care unit (SDCU) kitchen, in the refrigerator and freezer in the second floor country kitchen and in the refrigerator and freezer in the first floor activity room. <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin: 10px 0;">RECEIVED</div> <div style="text-align: center; font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>	<i>1/31/12</i>	Thermometers and daily temperature logs have been placed on each facility refrigerator and freezer by The Director of Dining Services. Presence of Thermometers in facility refrigerators and freezers will be checked during the monthly audits and findings along with temperature logs will be reviewed and discussed in the monthly quality assurance meetings.	<i>MS</i>	<i>2/2/12</i>
				Steps have been taken to correct violation; full compliance is not verified <i>2/2/12 MS</i>	Date Initials (DF)

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Sammy A. Heins</i>	DATE 1/31/12.	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 2/2/12

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
103g Food shall be stored in closed or sealed containers.	<p>There were 3 uncovered metal containers with creamer located in the refrigerator on the second floor country kitchen.</p> <p>There was an opened and unsealed bag of french fries in the reach-in freezer.</p> <p>There was an uncovered metal container of lettuce soaking in water in the walk-in cooler.</p> <div style="text-align: center; margin-top: 20px;"> <p>RECEIVED</p> <p>Western Field Office Adult Residential Licensing</p> </div>	2/7/12	<p>The creamers, unsealed bag of french fries and uncovered lettuce were immediately discarded by the Director of Dining Services. Signs have been posted on all facility refrigerators that all food must be covered, labeled and dated. An audit will be performed on all food storage areas within the facility by the Director of Dining Services. All staff was in-service on January 29, 2012 on requirement of food to be stored in closed or sealed containers. The Director of Dining Services will perform an audit of all food storage areas monthly to assure compliance and findings will be reported and discussed in the monthly quality assurance meetings.</p>	<p>Steps have been taken correct violation; full compliance is not verified</p> <p><u>2/3/12</u> MS Date Initials (DI)</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	There was an accumulation of approximately 1/2" of lint in the lint trap of the dryer on the second floor laundry room.	1/31/12	The lint trap was cleaned immediately by maintenance. Signs have been posted on all dryers to "Remove lint AFTER every cycle." An audit was performed on all facility dryers and they will be audited weekly by the maintenance custodian. Findings will be reported and discussed at the monthly quality assurance meetings.	Steps have been taken to correct violation; full compliance is not verified 2/3/12 MS Date Initials (DF)
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;">RECEIVED</div> <p style="margin-top: 20px;">Western Field Office Adult Residential Licensing</p>				

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	<p>The first aid kit kept in the home's van was missing scissors, gauze, tape, gloves and a thermometer.</p> <p style="text-align: center; font-size: 2em; font-weight: bold; margin: 20px 0;">RECEIVED</p> <p style="text-align: center; font-size: 0.8em;">Western Field Office Adult Residential Licensing</p>	1/31/12	<p>The first aid kit in the home's van was corrected during inspection and shown to licensing representatives. An audit of all first aid kits within the facility and facility vehicles has been performed to assure that the required contents are available in every kit. An audit of contents of all first aid kits will be conducted monthly during the monthly building audit performed by the Director of Activities and findings will be reported and discussed in the monthly quality assurance meeting to maintain compliance.</p>	<i>MS</i> 2/2/12

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SIGNATURE OF LEGAL ENTITY <i>Sammy A. Herne</i>	DATE <i>1/31/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE <i>2/2/12</i>

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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 Lorazepam 0.5mg - Take one tab orally every 8 hours as needed for anxiety/agitation was not available in the home. <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> Western Field Office Adult Residential Licensing	<i>2/7/12</i>	The medication for resident #1 was ordered and delivered from the pharmacy. An audit of all facility medication carts/medication rooms will be performed by the Resident Care Manager to identify any medications that may not be available. All medication nursing staff were in-serviced on 1/18/12 on the requirement that all medications on the medication administration record must be available in the medication cart/medication room. A medication cart/medication room audit will be performed quarterly for three quarters by the Resident Care Manager and findings will be reported and discussed in the monthly quality assurance meeting.	Steps have been taken to correct violation; full compliance is not verified. <i>2/2/12</i> Date <i>MS</i> Initials (C)

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<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> (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 	<p>The medication administration record (MAR) for resident #1 does not include a diagnosis for Clonazepam.</p> <p>The MAR for resident #2 does not include a diagnosis for Ketam Bac/Cyclab Didofr Gaba Cream and Xopenex HFA.</p> <p>The MAR for resident #2 does not indicate the units of Humalog insulin given on 1-1-12 at 11am.</p> <div style="text-align: center; margin-top: 20px;"> <p>RECEIVED</p> <p>Western Field Office Adult Residential Licensing</p> </div>	<p>2/7/12</p>	<p>Diagnosis to support the use of the medications for residents #1 and #2 have been obtained from the physician and documented on the medication administration record. An audit of all medication administration records to identify any diagnosis that may not be listed and for any documentation that may be improved will be performed by the Resident Care Manager with corrective action follow-up. All nursing staff was in-service on January 18, 2012 on transcription errors and requirements for each medication record. A medication administration record audit will be performed quarterly for three quarters by the Resident Care Manager and findings will be reported and discussed in the monthly quarterly assurance meeting.</p>	<p>2/2/12 MS</p>

Steps have been taken to correct violation; full compliance is not verified
Date: 2/2/12 MS Initials (D)

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

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SIGNATURE OF LEGAL ENTITY <i>Sammy d. Harner</i>	DATE <i>1/31/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE <i>2/2/12</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.	<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> Western Field Office Adult Residential Licensing	<i>2/7/12</i>		

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187d The home shall follow the directions of the prescriber.	On 1-9-12, resident #2 was given 3 units of Humalog insulin for a blood sugar of 178. However, the resident's sliding scale order indicates 2 units of insulin should be administered for a blood sugar level of 151-200.	<i>1/31/12.</i>	<i>Upon interview with the medication aid to review the documentation, it was clarified that on 1/9/12 Humalog insulin 2 units was administered correctly to resident. All nursing staff was in-service on January 18, 2012 on legible hand writing when documenting.</i>	<i>MS 2/2/12</i>
RECEIVED				
Western Field Office Adult Residential Licensing				

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231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #3, admitted to the SDCU on 12-14-11, had a medical evaluation completed 11-25-11 that did not include the resident's diagnosis of dementia or need for SDCU care. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> Western Field Office Adult Residential Licensing	1/31/12	Medical evaluation completed on 1/25/12 included the need for Secured Dementia Unit. On 1/17/12 The physician corrected the DME to include diagnosis of Dementia NOS. Upon referral to the secure dementia care unit, The Resident Care manager will review paperwork to assure that the diagnosis of Alzheimer's disease or other dementia is present.	Steps have been taken to correct violation; full compliance is not verified <u>2/3/12</u> <i>MS</i> Date Initials (DP)

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SIGNATURE OF LEGAL ENTITY <i>Jammy A. Horne</i>	DATE 1/31/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 2/2/12

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233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	The directions for operating the home's locking mechanism for the gate in the court yard of the SDCU are not conspicuously posted near the gate. <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="text-align: center; font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>	1/31/12	Directions for operating the gate in the courtyard of the secured dementia care unit have been posted conspicuously near the gate by the administrator. An audit to assure continued presence of the sign will be conducted monthly during the monthly building audit performed by the Director of Activities. Findings will be reported and discussed in the monthly quality assurance meeting to maintain compliance.	MS 2/2/12