

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE SHOOK HOME LEGAL ENTITY

To operate QUARTERS AT THE SHOOK NAME OF FACILITY OR AGENCY

Located at 55 SOUTH SECOND STREET, CHAMBERSBURG, PA 17201
(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 45 (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 February 26, 2012 until February 26, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 355540

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 16 2012

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

Ms. Debra K. Carbaugh, Personal Care Administrator
Quarters at the Shook
The Shook Home
55 South Second Street
Chambersburg, Pennsylvania 17201

Dear Ms. Carbaugh:

As a result of the Department of Public Welfare's licensing inspection on January 17, 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 QUARTERS AT THE SHOOK, 55 SOUTH SECOND STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 355540	
INSPECTION DATES (Include all dates of the inspection) 01/17/2012		REGIONAL REPRESENTATIVE Jaime Erb, Rebecca Riel	
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>Debra Carbaugh</i>	DATE 2/23/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 2/27/12

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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff person A, hired 3/4/11, did not receive orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.	2/20/2012	Have scheduled OAPSA training to be provided to all facility staff in all departments. thru AAA. All Shook Home employees will receive OAPSA Training. (see Attachment # 1) Staff persons A, B, C, D, E, F, G, H, I, J, K & L will be trained on OAPSA specific to Personal Care Homes by AAA. Facility documents have been updated to use "Older Adult Protective Services" see Attachment #2 A, 2B	Steps have been taken to correct violation; full compliance is not verifiable. 2/27/12 Date Initials (DPW)
	Staff person B, hired 12/5/11, did not receive orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.	3/16/2012		
	Staff person C, hired 10/31/11, did not receive orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.	3/16/2012		
	Staff person D, hired 5/9/11, did not receive orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.			
	Staff person E, hired 9/12/11, did not receive orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.			
	Staff person F, hired 10/17/11, did not receive	2/23/2012		

RECEIVED TIME FEB. 24. 12:49PM

PRINT TIME FEB. 24. 12:57PM

717-264-0104

Shook Homes

12:53:47

24-02-2012

2/30

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

NAME AND ADDRESS OF PERSONAL CARE HOME QUARTERS AT THE SHOOK, 55 SOUTH SECOND STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 355540	
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SIGNATURE OF LEGAL ENTITY <i>Debra Cantor</i>	DATE <i>2/23/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomber</i>	DATE <i>2/27/12</i>

REGULATION 55 Pa.Code §2600 and conditions.	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
	orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. Staff person G, hired 7/11/11, did not receive orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.	<i>2/23/2012</i>	<i>PC Administrators or designee will conduct audits to ensure all employees have required trainings and report findings to QA committee monthly and quarterly to monitor ongoing compliance and evaluate effectiveness.</i>	<i>Contd</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME QUARTERS AT THE SHOOK, 55 SOUTH SECOND STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 355540	
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SIGNATURE OF LEGAL ENTITY <i>Debra Carbrugh</i>	DATE 2/20/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cy B Boring</i>	DATE 2/27/12

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff person H and I did not receive training in The Older Protective Services Act during training year January 2011 to December 2011 . Staff person J, K and L did not receive training in The Older Protective Services Act and falls and accident prevention during training year January 2011 to December 2011 .	2/20/2012	On the spot training provided to staff persons J, K and L on falls and accident prevention. (See Attachment for record of training and information used to provide the training) → # 3A, 3B	
		2/20/2012	Falls and accident prevention training has been added to the Initial Orientation and to the Annual In-service Trainings provided to all Shook employees. See Attachments # 3C, 3D	

Steps have been taken to correct violation; full compliance is not verifiable
2/27/12 *MS*
Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Debra Carbaugh</i>	DATE 2/23/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bromberg</i>	DATE 2/27/12

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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.		3/16/2012	AAA will provide In-service Training to All Shook Home and The Quarters at Shook employees on March 16th, 2012 @ 1:30pm in the Activities Room. (see Attachment # 4) The administrator or designee will conduct quarterly audits of all staff training records to ensure that all required annual training is provided to all staff. as 2/27/12	<i>Combl</i>

17-264-0104

Shook Homes

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PRINT TIME FEB. 24. 12:57PM

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

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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>Debra Casberg</i>	DATE 1/18/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE 2/27/12

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
141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for Resident #1, dated 7/18/11, does not include the medication regimen.	1/18/2012 2/22/2012 2/22/2012	The med list that had been stapled to med eval for resident #1 was located and re-attached (see attachment #5) and 5A The Use of the New DME forms will prevent this from repeating in the future. The PC Administrator will conduct audits of all DME forms to monitor ongoing compliance and report findings to QA committee Monthly and Quarterly to evaluate effectiveness.	Steps have been taken to correct violation; full compliance is not verifiable 2/27/12 <i>CB</i> Date Initials (DPW)

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

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		<i>Cybil Zimberg</i>	2/27/12

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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			<i>All medical evaluations will be reviewed upon receipt by the administrator or a designee to check for completeness. Incomplete medical evaluations will be returned to the medical provider for completion.</i> 03 26/12	

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

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SIGNATURE OF LEGAL ENTITY <i>Debra Carbaugh</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cy S. Bamber</i>	DATE 2/27/12

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	During the medication review, Resident #8's Novolin was found with an opened date of 11/17/11. Per the instructions of the medication, the medication should be discarded 30 days after opening.	1/17/2012	Expired Novolin was discarded and a new bottle was ordered from pharmacy. (See attachment #4)	
		3/16/2012	All Licensed staff will be re-educated on proper medication administration procedures using DVD provided by Pharmacy. Also re-educated to importance of following facility policy & procedures. (See attachment #1)	Steps have been taken to correct violation; full compliance is not verifiable 2/27/12 Date Initials (DPW)
		2/20/2012	Administrator or designee will conduct audits of med cart and refrigerator to monitor compliance and report findings to QA committee monthly & quarterly to evaluate effectiveness.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME QUARTERS AT THE SHOOK, 55 SOUTH SECOND STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 355540	
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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	During the audit of the medication cart, two white pills were found loose in the second drawer of the medication cart.	1/17/2012 3/16/2012 2/22/2012	The two loose pills were discarded at the time they were found. All Licensed staff will be re-educated to safe handling/storage of meds, using medication pass DVD. The Administrator or designee will conduct audits of the med cart to ensure ongoing compliance and report findings to AA committee monthly and Quarterly to eval effectiveness.	

Steps have been taken to correct violation; full compliance is not verifiable
 Date 2/27/12 Initials (DPW) DPW

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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.	Resident #7 has a PRN order for Guaifenesin, Hydrocortisone cream, Sarna anti-itch lotion and A & D ointment; however the home did not have the medication on hand. The home is not following their medication policy and procedures.	2/23/2012 3/16/2012 2/23/2012	Guaifenesin, hydrocortisone cream, Sarna anti-itch lotion and A&D ointment were ordered from pharmacy for resident #7 (See Attachment # 8) All Licensed staff will be re-educated to requirements for storage, access, security and distribution & use of medications and medical equipment by trained staff as well as following facility policy & procedure. The administrator or designee will conduct audits of resident records & meds to assure availability of all meds and report findings to QA committee monthly & quarterly to evaluate effectiveness and ongoing compliance.	Steps have been taken to correct violation; full compliance is not verifiable 2/27/2012 Date: _____ Initials (DPW): _____

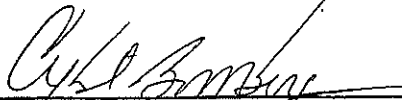
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Shook Homes
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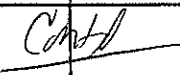
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication 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 (MAR) for Resident #7 does not include the diagnosis for Polethylene Glycol Powder, Potassium, Dok, Restasis and Zolpidem Tartrate.	2/22/2012 3/16/2012 3/8/2012	Resident # 7 MAR & TAR have been updated to include all required diagnosis. (See Attachments 9A, b, c, d, e, f) All Licensed staff will be re-educated to proper medication training as it relates to 187a through Medication pass DVD and staff inservice on 3/8/2012 Administrator or designee will conduct audits of resident MAR/TAR to monitor on going compliance and report findings to QA Committee monthly + quarterly to evaluate effectiveness.	Steps have been taken to correct violation; full compliance is not verifiable <i>2/21/12</i> Date Initials (DPW)

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

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			2/27/12

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
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.				

717-264-0104

Shook Homes

12:56:25 24-02-2012

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

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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.	The home has not completed an initial assessment for Resident #2, admitted 11/25/11.	2/22/2012	RASP completed by facility staff for resident # 2 Attachment # 10 A, B, C, D, E, F, G, H, I, J, K, L.	
	The home has not completed an initial assessment for Resident #3, admitted 6/30/11.	2/22/2012	RASP completed by facility staff for resident # 3 Attachment # 11 A thru L	Steps have been taken to correct violation; full compliance is not verifiable 2/27/12
		3/8/2012	Staff will be re-educated to requirements/ time frame for RASP completion at Monthly In-service on 3/8/2012	Date: _____ Initials (DPW): _____
		2/22/2012	Administrator or designee will conduct audits to monitor compliance and report findings to QA committee for eval of effectiveness.	

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

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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.	Resident #4's medical evaluation, dated 6/29/11, indicated the Resident was unable to move from one location to another without oral prompting from others. Resident #4's assessment dated, 7/27/11, indicated the Resident walks without assistance and has no mobility need.	2/19/2012 3/8/2012 2/23/2012	Resident #4 Med Eval faxed to MD requesting correction to reflect residents true mobility status. Correction received 2/19/2012 See Attachment # 12 All Staff will be re-educated to requirements for mobility assessment under 2601a at scheduled March 8 In-service. Administrator or designee will conduct audits for DME completion & monitor compliance and report findings to QA committee for evaluation of effectiveness.	

Steps have been taken to correct violation; full compliance is not verifiable
 Date 2/27/12 Initials CR (DPW)

717-264-0104
Shook Homes
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Debra Carbaugh</i>	DATE 2/22/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cylo Bomberg</i>	DATE 2/27/10

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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #2 was admitted to the home on 11/15/11. The home has not developed a support plan for the Resident.	2/22/2012	Resident # 2 RASP completed. See attachment # 10 A thru L	
	Resident #3 was admitted to the home on 6/30/11. The home has not developed a support plan for the Resident.	2/22/2012	RASP completed ^{for} #3 resident. See Attachment # 11 A thru L	
		3/8/2012	Staff will be re-educated to requirements for RASP completion under 227a @ March 8 In-service.	
		2/22/2012	Administrator or designee will conduct audits to monitor compliance and report findings to Off. Committee to evaluate effectiveness.	
			Steps have been taken to correct violation; full compliance is not verifiable 2/27/12 <i>OB</i>	
			Date	Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME QUARTERS AT THE SHOOK, 55 SOUTH SECOND STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 355540	
INSPECTION DATES (Include all dates of the inspection) 01/17/2012		REGIONAL REPRESENTATIVE Jaime Erb, Rebecca Riel	
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>Debra Carbaugh</i>	DATE <i>2/22/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Smiley</i>	DATE <i>2/27/12</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
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.	The assessment for Resident #5 indicates the resident has a decrease in appetite and short term memory loss. The Resident eats some of their meals daily with his/her spouse in the nursing facility. The resident needs directed by staff to and from his/her spouse's room. The resident's support plan does not document how this need will be met.	<i>1/18/2012</i>	<i>Resident # 5 Support Plan has been updated to include supplements given for poor appetite as well as staff assists to visit spouse in the Nursing Home - See Attachment # 13 A thru D</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>2/27/12 CB</i> Date Initials (DPW)
	Resident #6's support plan, dated 5/11/11, is incomplete. The medical section of the support plan is blank.	<i>1/18/2012</i>	<i>Resident # 6 support plan medical section completed. It had been left blank in error. See Attachment 14 A-D</i>	
		<i>3/8/2012</i>	<i>Staff will be re-educated 2 March 8</i>	
		<i>2/22/2012</i>	<i>In service on requirements of 227d Administrator or designee will conduct audits to monitor ongoing compliance and report to an committee for eval of effectiveness.</i>	