

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PARACLETE GROUP, LLC

LEGAL ENTITY

To operate GEORGE'S PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 108 WATER STREET, NEW STANTON, PA 15672

(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 18  
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 5, 2012 until February 5, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 440570

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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 05 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Honey Nunez, Owner  
Paraclete Group, LLC  
421 Cottage Lane  
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home  
108 Water Street  
New Stanton, Pennsylvania 15672

Dear Ms. Nunez:

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 GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440570	
INSPECTION DATES (Include all dates of the inspection) 01/17/2012		REGIONAL REPRESENTATIVE Tera Newman, Melinda Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Renee Good Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Renee Good / [Signature]</i>	DATE <i>2-4-2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Maia Stepanovich (MS)</i>	DATE <i>2/9/12</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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	A copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.  <b>RECEIVED</b>  FEB 7 2012  Western Field Office Adult Residential Licensing	<i>1-17-2012</i>	<i>pink book was displaye while inspectors were here in dining room, another in office hanging on wall. Will instruct staff to be sure an display along with Honey Hedic and Renee Good</i>	<i>MS 2/9/12</i>

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) <i>Renee Good (Administrator)</i>			
SIGNATURE OF LEGAL ENTITY <i>Renee Good / Administrator</i>	DATE <i>2-4-2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE <i>2/9/12</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
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	The residents' medical transfer sheets, with personal information, were inside the emergency binder located on a side table in the dining room, unlocked and accessible to anyone in the home.  <b>RECEIVED</b>  FEB 7 2012  Western Field Office Adult Residential Licensing	<i>1/17/2012</i>	<i>while inspectors were here, The transfer sheets were removed from emergency binder put in locked resident file. Instructed staff to check. In the event of an emergency where transfer sheets are needed to take with the emergency book when needed.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable.</i> <i>2/9/12 MS</i> Date Initials (DFW)
		<i>3/9/12</i>	<i>All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records including transfer sheets in a secure location. MS 2/9/12</i>	

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SIGNATURE OF LEGAL ENTITY <i>Renee Good / Administrator</i>	DATE <i>2-4-2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE <i>2/9/12</i>

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designated person, or if a court orders disclosure.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">FEB 7 2012</div> <div style="font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>			

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Renee Good</i>	DATE <i>2-4-2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MS</i>	DATE <i>2/9/12</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
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 #1, admitted 4-8-11, has an undated support plan, so it is unable to be determined if it was completed within 30 days of admission.	<i>1/17/2012</i>	<i>While inspectors here this documentation was completed. In the future Administrator will review files to be sure all files are complete. Honey Hudec (owner) will also follow up with files and dates to ensure they are completed. The administrator will review all newly completed resident support plans to ensure completion and accuracy including dating the document.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable.</i> <i>2/9/12 MS</i> Date Initials (DPW)

RECEIVED

FEB 7 2012

Western Field Office  
Residential Licensing

*3/9/12*

*MS*  
*2/9/12*