

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FAIRMOUNT HOMES LEGAL ENTITY

To operate FAIRMOUNT HOMES - FARM CREST NAME OF FACILITY OR AGENCY

Located at 1100 FARM CREST DRIVE, EPHRATA, PA 17522 (COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 38 (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 March 2, 2012 until March 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321980

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.



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. Rachel M. Zellers, Vice President of Health Services
Fairmount Homes
333 Wheat Ridge Drive
Ephrata, Pennsylvania 17522

RE: Fairmount Homes – Farm Crest
1100 Farm Crest Drive
Ephrata, Pennsylvania 17522

Dear Ms. Zellers:

As a result of the Department of Public Welfare's licensing inspection on January 23, 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', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME FAIRMOUNT HOMES FARM CREST, 1100 FARM CREST DRIVE EPHRATA, PA 17522		CURRENT LICENSE NUMBER 321980	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Serena Chou, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Marcia Mummert, LPN - Director of Personal Care			
SIGNATURE OF LEGAL ENTITY <i>Marcia Mummert LPN</i>	DATE 2/15/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/15/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 for resident # 1 does not include the initials for the staff person administering Aspirin on 1/22/2012, and Citalopram on 1/20/2012. PCH 1100 Farm Crest Central Region Field Office FEB 21 2012	2-17-12	1. Both staff persons were given a review of Module 8 of DPW Manual for medication administration. "Documentation - initials corresponding to time medication was administered." 2. Both incidents of missed initials noted occurred at the 5 pm med pass. Both evening staff persons stated they will start the 5 pm med pass a bit earlier to avoid having to rush. The 5 pm evening med pass can be started no earlier than 4 pm. 3. Prior to the end of their shift, individuals completing medication administration are to review all MAR pages. If any missed initials are found, the medication container is to be checked.	Steps have been taken to correct violation; full compliance is not verifiable 2/24/12 Date Initials (DPW)

RECEIVED

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

NAME AND ADDRESS OF PERSONAL CARE HOME FAIRMOUNT HOMES FARM CREST, 1100 FARM CREST DRIVE EPHRATA, PA 17522		CURRENT LICENSE NUMBER 321980	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Serena Chou, McKinley Rouse	
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>Marcia Mummert LPN</i>	DATE <i>2-15-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bannsey</i>	DATE <i>2/24/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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.			If the medication was given, initials are to be filled in. If the medication is still in the container, the procedure for a "medication error" is to be followed. 4. Procedure has been that the night shift person also reviews all pages of the MAR book to assure completed med documentation. If missed initials are found, a note is left for the individual to correct. Starting Friday, Feb 17th, a new form will be used to account for notice of and completion of missed documentations. (A copy of this form is attached.) If missed initials are found by night shift, they will document on the form. The morning charge nurse will call the person with missed initials to verify if med was or was not given.	