

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GETZ PERSONAL CARE HOME, INC.

To operate GETZ PERSONAL CARE HOME

Located at 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058

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 60
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

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: 240500

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

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

MAR 05 2012

Mr. Robert Getz, Owner
Getz Personal Care Home, Inc.
Getz personal Care Home
1026 Scenic Drive
Kunkletown, Pennsylvania 18058

Dear Mr. Getz:

As a result of the Department of Public Welfare's licensing inspection on January 24, 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.

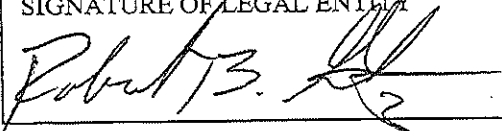
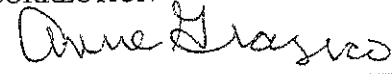
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

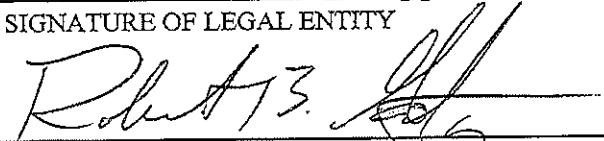

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<p>The payer did not sign the following resident contracts:</p> <ul style="list-style-type: none"> - Resident #1; contract dated 12/1/11 - Resident #2; contract dated 8/1/11 - Resident #3; contract dated 8/5/11 - Resident #4; contract dated 2/16/11 	3-17-12 CQ	<p>- Contracts for residents #1, 2, 3 + 4 were all signed by payer on 2-7-12.</p> <p>- Administrator audited all charts + any that need payer signature were pulled. Payer was sent signature page to sign, date + return along with a letter explaining why it is needed. Compliance on all charts will be met by 3-17-12.</p> <p>- To prevent future violation, Payer signature was added to checklist. Board members + administrator will monitor by doing audits on all charts.</p>	<p>Step 1: Date taken to correct violation: 2-14-12</p> <p>Step 2: Date taken to correct violation: 3-17-12</p>


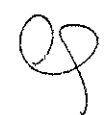
RECEIVED

FEB 10 2012



SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

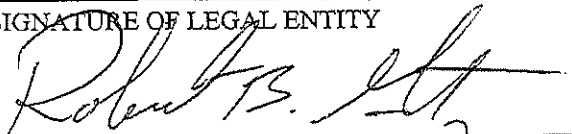

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>On 1/24/12, at 11:50am, the double wooden doors leading into the basement of the outside of the home, adjacent to the designated outside smoking location, were unlocked and the latch on the inside of the doors was not hooked. At the bottom of the inside steps, the room to the left had the following poisonous materials stored in an unlocked and unsecured area:</p> <ul style="list-style-type: none"> • (6) 1-quart plastic bottles of "Propower" Blue Bowl Cleaner – The manufacturer's label included, "If swallowed: Rinse mouth. Give a cupful of water or milk. THEN IMMEDIATELY CONTACT A PHYSICIAN OR POISON CENTER." • (4) 1-gallon plastic containers of liquid "Comet" Cleaner with Bleach – The manufacturer's label included, "If swallowed, drink a glass of water. Call a physician immediately." • (7) 1-gallon plastic containers of "Austin's" Clear Ammonia – The manufacturer's label included, "Internal: Give one or two glasses of water. Follow with citrus juice, if available. Call physician or poison control center immediately." <p>Staff person A stated residents have not been assessed to have unsupervised access to poisons.</p>	2-1-12 	<p>Corrected on date of inspection - Inside latch was locked by kitchen staff + business office manager.</p> <p>- To prevent future violations the kitchen staff will ensure that the door is locked daily by checking in AM when they arrive, in the afternoon + on the evening when they leave.</p> <p>- Administrator will monitor this is being done by checking that staff are signing 3x/day it is checked.</p> <p>- Compliance began 2-1-12</p>	2-14-12 



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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B. Getz, President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

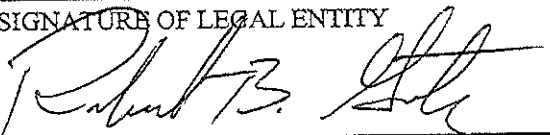

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY



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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

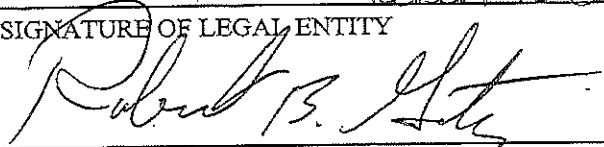

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 1/24/12, at 12:20pm, the hot water temperatures measured 103.6 degrees Fahrenheit and 129.0 degrees Fahrenheit in the sinks adjoining bedroom #s 107 and 103. Later in the day, at 1:40pm, the temperatures were re-taken and measured 127.5 degrees Fahrenheit and 129.7 degrees Fahrenheit, respectively. <p style="text-align: right; margin-right: 50px;">130.6 OS</p>	1-25-12 	1-25-12 -> Plumbing + boiler were worked on + new fixtures were placed + boiler temperatures was lowered by maintenance department + hot water wash to temp approved by regulation - For 4 wks following inspection, water in South hall will be checked 2x / wk + boiler adjusted as needed - After 4 wks water in all halls will be checked 1x every 2 wks to ensure continued compliance - This will be done by the maintenance department + monitored by the administrator to maintain compliance	 7-2 2-14-12

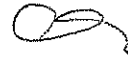

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

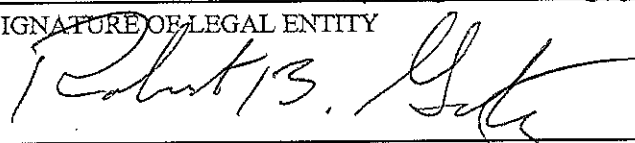
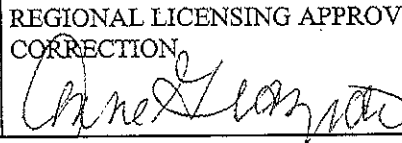
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141b1 A resident shall have a medical evaluation: (1) At least annually.	The most recently completed medical evaluation in the record of resident #5 was completed on 8/15/11, more than a year after the previously completed medical evaluation dated 6/21/10 with a provided 15-day flex.	2-8-12 	- Unable to correct specific violation for resident #5 - To prevent future violations Administrator will audit charts for compliance. Nursing has a checklist as to when all residents require new medical evaluations to be completed to maintain compliance - This will be monitored through audits by the Administrator	 2-14-12



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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

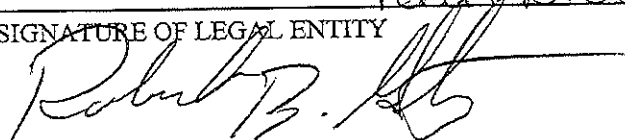
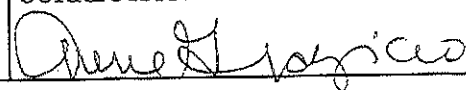
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
181d If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.	Resident #6 had the prescribed bedside medication Systane Lub Drops PRN stored on the top of the dresser in the resident's bedroom. It was not in a locked or secured area in the room and the bedroom door was unlocked. This allowed other residents in the home to have access to the medication.	1-25-12 	-Resident #6 was educated on proper storage of medications in the room + made aware that her door must be locked when she is not in the room. 1-25-12 -To ensure continued compliance, a list of resident w/ MD approved w/ bedside medications was made available to all PCAs + med techs so they can ensure proper storage + locking of medications daily during rounds.	2-14-12 

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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

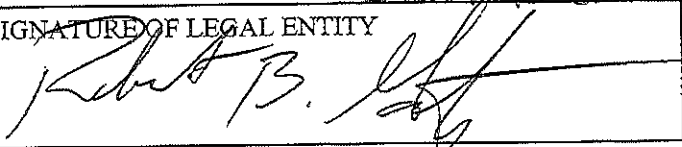
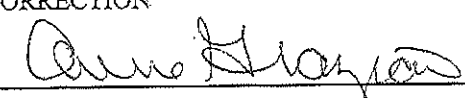
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	Direct care staff person B's Department-approved medication administration training was incomplete and, therefore, is not currently qualified to administer medications to residents. The required annual Student Certification Form due by 2/10/10 was not completed; the previous one was dated 2/10/09. Staff person C, who is the administrator, stated staff person B administers medications to residents on a regular basis during the 2:00 pm – 10:00 pm shift. Review of the staff schedule for this shift indicated staff person B was the only staff person scheduled to administer medications on 1/18/12 and 1/22/12.	2-8-12 	Other arrangements for passing medications were made to cover delays staff person B was scheduled to pass meds. - on 1-24-12 our med trainer was contacted + she came on 1-26-12 + did a complete retraining of staff person B, who passed training to dispense medications again. - To ensure all staff who dispense medications are retrained + up to date our med trainer created a spread sheet to follow + will assist Administrator by conducting med trainings at her end. - Administrator will also monitor compliance monthly.	2-14-12 



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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

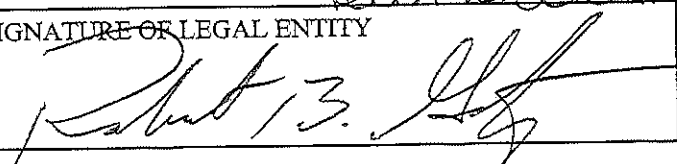

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.				



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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

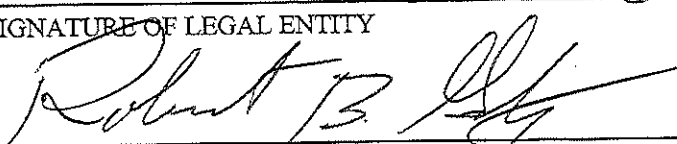
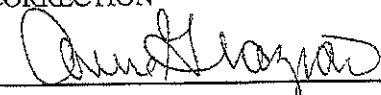
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 1/24/12, at 9:30am, resident #7 was not in the bedroom and the door to the room was in the opened position and unlocked. The following over-the-counter medications were stored unsecured and unlocked on the sink countertop adjoining the resident's bedroom: <ul style="list-style-type: none"> • 1- ounce tube of Vagisil • 2- ounce tube of Equate Hydrocortixome 1% Cream 	1-24-12 	On 1-24-12 the mentioned medications were removed from resident #7 room + resident + family were educated on medications in room + proper storage. -To ensure future compliance any resident with medication in room will have proper documentation from MD + staff will be made aware of residents medication storage room to ensure proper storage clearly during rounds	2-14-12 



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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

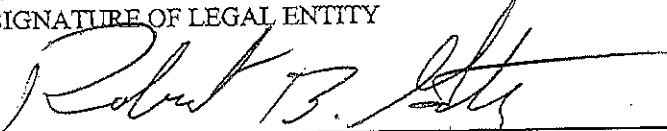
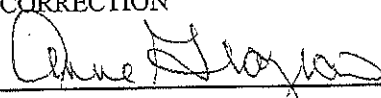
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The following prescription medications prescribed to the stated residents did not have a pharmacy label indicating the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber: - Resident #9; 3 boxes of Alendronate Sodium 70mg - Resident #10; Omneprazole 20mg - Resident #11; Ventolin HFA inhaler	1-25-12 	- Pharmacies were contacted on 1-25-12 to send correct labels for listed medications to correct violation. - Nursing department will be responsible for contacting pharmacies for labels for medications when there is no label. Nursing will also audit medication carts + closet weekly to ensure all medications are properly labeled to maintain compliance	 2-14-12

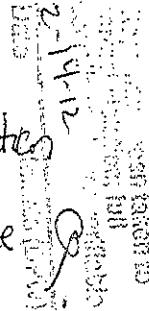
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

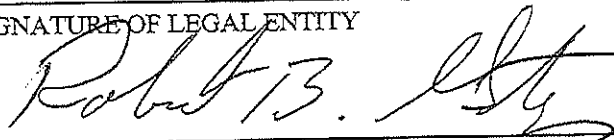
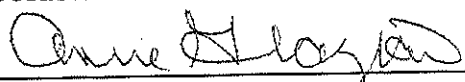
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	Direct care staff person B's Department-approved medication administration training was incomplete and, therefore, is not currently qualified to administer insulin to residents. The required annual Student Certification Form due by 2/10/10 was not completed; the previous one was dated 2/10/09.	1-26-12 	Other arrangements for dispensing insulin were made to cover 2 day's staff person B was scheduled to dispense insulin. - on 1-24-12 our medication trainer was contacted + she came on 1-26-12 to do a complete retraining of staff person B, who passed training to dispense medications including insulin. Staff person B previously passed insulin training on 11-30-11. - To ensure all staff who dispense insulin are properly trained + up to date our med trainer created a spread sheet to follow + will assist Administrator by conducting med trainings at her end. Administrator also has a spread sheet for training dates + will also monitor compliance monthly.	2-14-12 

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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

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
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	Humalog insulin sliding scale is to be administered to resident #12 4 times daily based upon blood sugar results. The resident's Medication Administration Record (MAR) does indicate the time of administration for Humalog insulin on 1/1/12- 1/24/12. Staff did not indicate the results of resident #12's blood sugar level which was checked before lunch on 1/5/12. Repeated Violations: 01/11/2011		<p>Unable to correct specific violation for resident #12 on 1/5/12</p> <p>on 1-28-12 all medication Technicians were retrained + re-educated on the importance + requirement of proper documentation in the MAR</p> <p>Nursing department will continue to audit MARs for correct documentation + re-educate as needed to prevent future violations.</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

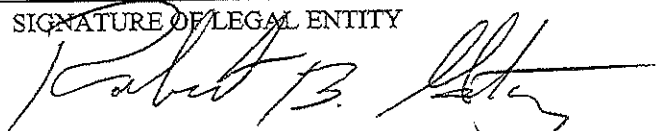

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

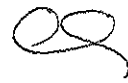

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B. Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

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
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	An order in the record of resident #13 indicates the resident may refuse 1 of 4 doses of Lactulose 15ml daily. The resident refused Lactulose on 1/12/12 at 8:30am and 12:30pm and on 1/16/12 at 5:30pm and 8:30pm. The prescribing physician was not notified of the subsequent refusals.	1-28-12 	<p>- Unable to correct violation for specific resident #13 on dates 1/22/12 + 1/16/12</p> <p>- on 1-28-12 all medication technicians were retrained + re-educated on importance + requirement of proper documentation + notification of physician when a resident refuses a medication by Nursing department.</p> <p>- Nursing department will continue to audit MARs weekly + ensure proper notification is done to prevent future violations.</p>	2-14-12

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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">Robert B Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #3 was admitted to the home on 8/5/11. The pre-admission screening in the record of resident #3 was completed on 6/29/11, more than 30 days prior to the resident's admission to the home.	2-1-12 	<p style="margin: 0;">Unable to correct specific violation for resident #3</p> <p style="margin: 0;">- Plan to eliminate future violations include:</p> <ul style="list-style-type: none"> - Auditing all forms prior to admission to ensure timeliness of assessment + reassess if necessary - Audit forms on admission - Audit forms annually. <p style="margin: 0;">- The administrator is responsible to ensure no future violations occur + plan was implemented on 2-1-12 + monitored by Administrator</p>	2-14-12 

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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/24/2012		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Robert B Getz President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-8-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-14-12

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
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 most current support plan for resident #6, dated 12/15/11, did not address that the resident may self-administer the prescribed PRN medication Systane Lub Drops which can be kept at bedside per physician's order. As indicated on the January 2012 medication administration record; the staff's need to educate the resident on keeping the door to the bedroom locked when the resident is not occupying it (single-occupancy room) or to store the medication in a locked and secured area in the room if the door is left opened and unoccupied; or the need to re-evaluate resident #6's ability to self-administer medication on an annual basis, or after any significant change in status.	1-24-12 	<ul style="list-style-type: none"> - On 1-24-12 resident #6 was reeducated on proper storage of medications in the room. - On 2-11 resident #6 Support plan was amended to include meds that can be kept at bedside what staff will do to ensure safety + proper usage + storage of medication + reevaluation will be done annually or after any significant change by nursing department - Administrator will monitor cleaning audits + Nursing will do any changes necessary to ensure safety + compliance. 	2-14-12

RECEIVED

FEB 10 2012

SCRANTON FIELD OFFICE
Adult Residential Licensing