

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUGAR CREEK REST

LEGAL ENTITY

To operate MEADOW LAKE MANOR OF SUGAR CREEK REST

NAME OF FACILITY OR AGENCY

Located at 109 PERSONAL CARE LANE WORTHINGTON, PA 16262

(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 47
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 March 29, 2012 until March 29, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426810

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

APR 17 2012

Mr. Matthew Tack, Executive Director
Sugar Creek Rest
120 Lakeside Drive
Worthington, Pennsylvania 16262

RE: Meadow Lake Manor of Sugar Creek Rest
109 Personal Care Lane
Worthington, Pennsylvania 16262

Dear Mr. Tack:

As a result of the Department of Public Welfare's licensing inspection on March 14, 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 "Ronald 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 MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA 16262		CURRENT LICENSE NUMBER 426810	
INSPECTION DATES (Include all dates of the inspection) 03/14/2012		REGIONAL REPRESENTATIVE D. McConnell, D. Rojon	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joyce Cunningham LPN PCA.</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham LPN PCA.</i>	DATE 3-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-29-12

REGULATION 55 Pa. Code §2600	VIOLATION	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.	The contract for resident #1, dated 2/28/12, was not signed by the resident. The rate increase addendum for resident #2, dated 1/16/12, was not signed by the resident.	3-26-12 CONTRACT FOR RESIDENT #1 IS NOW SIGNED BY RESIDENT SEE ATTACHMENT NO. 2 AS PER REG CODE 25B ALL CONTRACTS WILL BE SIGNED BY ADMINISTRATOR OR DESIGNEE - RESIDENT AND THE PAYER. THIS WILL BE REVIEWED BY ADM ON ALL NEW ADMISSIONS. SEE ATTACHED NEW ADM DATED 3-23-12 ATTACHMENT NO. 2 AND ALL STAFF WERE INSERVICED ON THIS. SEE ATTACHMENT NO. 3 RATE INCREASE FOR RESIDENT NO 2 IS NOW SIGNED BY THE RESIDENT. SEE ATTACHMENT NO. 4 ALL ADDENDUMS WILL BE SIGNED BY RESIDENTS WHEN INCREASES ARE APPLIED. THIS WILL BE REVIEWED BY ADMINISTRATOR WHEN THIS INCREASE APPLIES. ALL STAFF INSERVICED ON THIS ATTACHMENT 3	<i>[Signature]</i> 3-29-12

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MAR 16 2012

Western Field Office
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA		CURRENT LICENSE NUMBER 426810	
16262 INSPECTION DATES (Include all dates of the inspection) 03/14/2012		REGIONAL REPRESENTATIVE D. McConnell, D. Rojon	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joyce Cunningham Lpn PCA.</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham Lpn PCA</i>		DATE 3-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 3-30-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
132e A fire drill shall be held during sleeping hours once every 6 months.	The most recent fire drill conducted during sleeping hours was on 6/8/11.	<p>3-26-12</p> <p>AS per Regulation code 132E a fire drill shall be held DURING sleeping hours once every 6 months. ADMINISTRATOR shall monitor fire drills to ensure this is being completed every 6 months. SEE ATTACHED NO 5</p> <p>ALL STAFF WERE IN SERVICED ON THIS. ATTACHMENT NO 5</p> <p>3/30/12</p> <p>Sleeping hours fire drill held on 3/30/12 and will be held every 6 months thereafter</p> <p><i>Ju 3-29-12</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/30/12 Date <i>[Signature]</i> Initials (DPW)</p>

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MAR 6 2012

Western Field Office
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA 16262		CURRENT LICENSE NUMBER 426810	
INSPECTION DATES (Include all dates of the inspection) 03/14/2012		REGIONAL REPRESENTATIVE D. McConnell, D. Rojon	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joyce Cunningham Lpn Pct.</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham Lpn Pct.</i>		DATE 3-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 3-29-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p>On 5/17/11, 28 residents were in the home at the time the fire alarm was activated, 11 residents evacuated to the fire safe area established by the fire safety expert.</p> <p>On 6/8/11, 28 residents were in the home at the time the fire alarm was activated, 4 residents evacuated to the fire safe area established by the fire safety expert.</p> <p>On 2/29/12, 27 residents were in the home at the time the fire alarm was activated, 4 residents evacuated to the fire safe area established by the fire safety expert.</p> <p>Staff person A, Maintenance Director, stated that only residents in the area of the simulated fire are evacuated to fire safe areas. The other residents remain in their bedrooms.</p>	<p>3-26-12</p> <p>AS per Regulation 132h- ALL RESIDENTS SHALL EVACUATE TO DESIGNATED MEETING PLACE AWAY FROM THE BUILDING OR WITHIN A FIRE SAFE AREA DURING EACH DRILL</p> <p>STAFF INSERVICED on this- that ALL RESIDENTS TO BE EVACUATED DURING DRILLS TO DESIGNATED MEETING PLACE OR FIRE SAFE AREA</p> <p>SEE ATTACHMENT NO 7</p> <p>ADMINISTRATOR AND MAINTENANCE WILL MONITOR TO ENSURE THIS IS BEING DONE DURING DRILLS MONTHLY</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-29-12 <i>mac</i> Date Initials (DPW)</p>

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MAR 6 2012

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

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NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA 15262		CURRENT LICENSE NUMBER 426810	
INSPECTION DATES (Include all dates of the inspection) 03/14/2012		REGIONAL REPRESENTATIVE D. McConnell, D. Repon	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joyce Cunningham, Lpn PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham</i>		DATE 3-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jm</i>
			DATE 3-29-12

REGULATION 55 Pa. Code §2600	VIOLATION	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.	<p>The March 2012 medication administration record (MAR) for resident #3 indicates Furosemide 40 mg, take once daily. The prescription label indicates Furosemide 20 mg, take once daily.</p> <p>The March 2012 MAR for resident #4 indicates Januvia 100 mg, take once daily. The prescription label indicates Januvia 50 mg, take once daily.</p>	<p>3-26-12</p> <p>SEE ATTACHED NO. 8</p> <p>NEW prescription was obtained from CAMP for LASIX 40mg TAKE ONCE DAILY. CORRECT RX WAS IN MED STORAGE LOCKER UP 600 BOTTLE REMOVED NEW ONE PUT IN MEDICATION CART. CORRECTIONS TO EMAR CORRECTED THE PHARMACY LABEL NOW HAS ALL AS INDICATED IN REG 184A.</p> <p>ON 3-21-12 AUDIT WAS CONDUCTED BY ADM. TO ENSURE OUR RX LABELS AND EMAR MATCH</p> <p>AUDITS WILL BE DONE MONTHLY x 6 THEN 3 MONTHS THEN YEAR TO ENSURE ACCURACY BY ADM & PHARMACY</p> <p>RESIDENTS NO 4 ORDER CLARIFIED BY MD. TRANSCRIPTION IN MAR CORRECTED TO READ JANUVIA 50MG 1X DAY</p> <p>SEE ATTACHED NO 9 & 10</p> <p>AUDITS WILL BE DONE AS INDICATED ABOVE. STAFF WAS INSTRUCTED ON THE ABOVE - ATTACHED NO 11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-29-12 <i>Jew</i></p> <p>Date Initials (DPW)</p>

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MAR 6 2012

Western Field Office
Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA. 16262		CURRENT LICENSE NUMBER 426810	
INSPECTION DATES (Include all dates of the inspection) 03/14/2012		REGIONAL REPRESENTATIVE D. McConnell, D. Ropon	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joyce Cunningham LPN PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham LPN PCA</i>	DATE 3-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DR</i>	DATE 3-29-12

REGULATION 55 Pa. Code §2600	VIOLATION	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 #3 is prescribed Acetaminophen 650 mg, as need for pain, Albuterol 0.5-2.5 mg, as need for breathing difficulty and Meclizine HCL 25 mg, as need for dizziness. The medications were not available in the home.	3-26-12 Res #3 Physicians orders were reviewed by CRNP orders were discontinued DO TO NON USE OF MEDICATIONS. Audits will be performed by MM + Pharmacy 1x month x 6 then 8 mths then 2x year TO ENSURE ALL MEDS ORDERED ARE AVAILABLE. ALL STAFF WERE INSEVICED ON THIS REG 185A. AVAILABILITY OF MEDS. See attached no. 13	Steps have been taken to correct violation; full compliance is not verifiable 3-29-12 Date Initials (DPW)

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MAR 15 2012

Western Field Office
 Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA 16262		CURRENT LICENSE NUMBER 426810	
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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>Joyce Cunningham LPA</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham LPA</i>		DATE 3-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JR</i>
			DATE 3-29-12

REGULATION 55 Pa. Code §2600	VIOLATION	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	<p>The March 2012 medication administration record (MAR) for resident #2 does not include the diagnosis or purpose for Vitamin B-12 100 mcg.</p> <p>The March 2012 MAR for resident #3 does not include the diagnosis or purpose for the following medications: Bisacodyl 10 mg Digoxin .125 mg Enalapril Maleate 20 mg Furosemide 40 mg Simvastatin 20 mg</p> <p>The March 2012 MAR for resident #4 does not include the diagnosis or purpose for Docusate Sodium 100 mg.</p> <p align="center">RECEIVED</p> <p align="center">MAR 6 2012</p>	<p>3-26-12</p> <p>MEDICATION for Res #2 was transcribed wrong show to have been Vit B1 and error note clarification made new order and DX added see attached NO (14) error</p> <p>RESIDENT NO 3 MEDICATIONS were reviewed and diagnosis was added for all meds listed. see attached NO (15) error</p> <p>RESIDENT NO 4 error reviewed AND diagnosis added see attached NO (16)</p> <p>MEDICATION CART 4 error review was done on 3-21-12 by adm to ensure all under Reg 187A15 in compliance and will be done 1 month from 16 then 3 mths then 6 2x year by adm + pharm to ensure accuracy. ALL STAFF INSERVISED ATTACHED NO (1)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-29-12 <i>JRW</i></p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham Lpn PCA</i>	DATE <i>3-26-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3-29-12</i>

REGULATION 55 Pa. Code §2600	VIOLATION	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.	<h1>RECEIVED</h1> MAR 6 2012	<i>3-26-12</i>	

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

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16262 INSPECTION DATES (Include all dates of the inspection) 03/14/2012		REGIONAL REPRESENTATIVE D. McConnell, D. Ropen	
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;"><i>Joyce Cunningham Lpn PCA</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Cunningham Lpn PCA</i>	DATE 3-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jh</i>	DATE 3-29-12

REGULATION 55 Pa.Code §2600	VIOLATION	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
187d The home shall follow the directions of the prescriber.	The March 2012 medication administration record for resident #2 indicates Vitamin B-12 100 mcg, take once daily. The home indicated that the vitamin B-12 was not available and the resident had been given Vitamin B-1 100 mcg, daily instead.	<p style="font-size: 1.2em; margin-left: 20px;">3-26-12</p> <p style="font-size: 0.8em; margin-left: 20px;">for Res 2 clarification was made for order. was transcribed wrong on mar med error done correct order was vit B 12 daily resident + AND GUARDIAN + MD. made aware correct order on emar. see attached no 14 ALL STAFF INSEVICED ON MED. PROCEDURES attached no 11 AUDITS welcome on 3-29-12 BY ADM of MED CART + emar will be done 6 months + 6 then 3 months then 24 year by ADM + pharmacy.</p>	<p style="font-size: 1.5em;"><i>Jh</i></p> <p style="font-size: 1.2em;">3-29-12</p>
<p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="margin: 5px 0 0 0;">MAR 30 2012</p>			

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

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA 16262		CURRENT LICENSE NUMBER 426810	
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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>Joyce Pennington Lpn PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Joyce Pennington Lpn PCA</i>	DATE 3-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-29-12

REGULATION 55 Pa. Code §2600	VIOLATION	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
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	Confidential resident medical records including lab results, medication orders and home health care notes were in the unlocked nursing station and accessible to unauthorized persons. Confidential resident records including home health notes, diagnoses, and social security numbers were found in the unlocked storage room accessible to unauthorized persons.	3-26-12 Records were immediately LOCKED in med room by ADM STAFF WAS INSERVICED ON proper record storage NO - ADM checks DAILY to ensure all medical records are locked up attached NO (17) STORAGE room was Locked IMMEDIATELY STAFF were INSERVICED ON proper record storage attached NO (17) + Designees ADMINISTRATOR CHECKS DAILY TO ensure all med. record storage areas are Locked TO prevent unauthorized access TO res. records.	<i>[Signature]</i> 3-29-12

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MAR 30 2012