

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARJORIE CARASQUERO

To operate CLARKE PERSONAL CARE HOME

Located at 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141

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 12  
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 June 2, 2012 until June 2, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 114060

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

JUN 01 2012

Ms. Marjorie Carasquero, Administrator  
Clarke Personal Care Home  
4701 North 13<sup>th</sup> Street  
Philadelphia, Pennsylvania 19141

Dear Ms. Carasquero:

As a result of the Department of Public Welfare's licensing inspection on March 19, 2012 and March 20, 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.

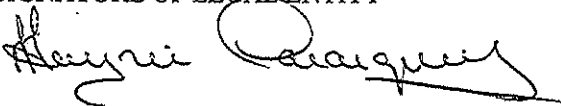
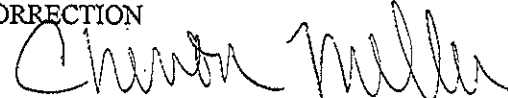
Sincerely,

A handwritten signature in black ink, appearing to be '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 CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012 & 3/26/12		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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 	DATE 4/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/11/12


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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's written policy on reportable incidents does not address prevention, notification and management.	3/20/12	The home's written policy on reportable incidents was corrected to address prevention, notification and management. The administrator will be responsible for managing and reporting the incidents and if unable to do so immediately I will designate the staff on duty the responsibility and support with calling in the incident within 24 hrs. The follow-up and tracking will be completed by the administrator.	5/20/12 CRM

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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>Margorie Parasquero</i>	DATE <i>4/3/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Miller</i>	DATE <i>5/11/12</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
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	On 3/19/12, the medication administration record was unlocked and accessible atop the medication cart, stored in the kitchen.	<i>3/26/12</i>	<p><i>The MAR will be kept locked in the med cart in the kitchen area, except in an emergency situation or when meds are being administered by staff. Staff will be responsible for checking to ensure MAR binder is locked after each administration of daily medication.</i></p>	<p>Steps have been taken to correct violation; full compliance is not yetifiable <i>5/20/12</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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 	DATE 4/3/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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
designated person, or if a court orders disclosure.		3/26/12		

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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>Margie Carasium</i>	DATE <i>4/3/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Miller</i>	DATE <i>5/11/12</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
2061 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	<p>- The home manages the finances for resident # 1. On 3/1/12, resident # 1 had a balance of \$5.00; \$35.00 was deposited bringing the account balance to \$40.00. The home documented \$35.00 as the balance on 3/1/12.</p> <p>- On 2/12/12, resident # 2 had a balance of \$109.00. An amount of \$42.67 was withdrawn leaving a balance of \$66.33. The home documented the balance as \$66.03. The calculation error continued from 2/12/12 to 3/20/12.</p>	<p><i>3/19/12</i></p> <p><i>3/26/12</i></p>	<p><i>Staff will be responsible with correctly balancing transaction of resident's funds. The correction was made and staff will check themselves by using a calculator after each daily transaction. The administrator will be also checking weekly as a follow-up behind the staff.</i></p>	<p><i>5/11/12 CLEM</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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>Marjorie Carrasquero</i>	DATE 4/3/12 <i>cem</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/11/12

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
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The home did not obtain receipts from resident # 2 for disbursements made 12/2/11 in the amount of \$44.00, 1/2/12 for \$50.00, 1/25/12 for \$30.00, 2/12/12 for \$42.67, 2/29/12 for \$30.00, 3/2/12 for \$23.00 and 3/8/12 for \$21.87.	3/28/12	The residents funds in the amounts was used to pay medication co-pay to Fairmount Pharmacy for her Haldol Dec. injections that she receives monthly at Cozymar. The administrator have requested a bill and receipts for the medication monthly and all the receipt or bill will be kept on file each month.	5/11/12 <i>CEM</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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>Marynie Carasquero</i>	DATE <i>3/21/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Charmelle Miller</i>	DATE <i>5/11/12</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
42c A resident shall be treated with dignity and respect.	Residents are not permitted to watch television in the living room beyond 10:00 pm and are expected to be in their rooms between 10:00 pm and 7:00 am. Restricting adults from movement within their own home by not allowing access to common areas of the home after 10:00 pm is not treating them with dignity and respect.	<i>3/26/12</i>	<i>Residents are treated with respect and dignity at all times. The residents are allowed to watch TV within home between the hours of 10:00pm and 7:00am if the resident wants to do so. This restriction was not address in the house rules.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>5/11/12</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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>Marjorie Brasquero</i>	DATE <i>4/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Miller</i>	DATE <i>5/11/12</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
42e A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.	The telephone, located on the dining room wall and next to the kitchen was not available for resident use, because it was broken. The alternative phone, located in the home's office area was available; however residents were required to ask for permission for use.	<i>3/20/12</i> <i>3/26/12</i>	<i>The phone in the dining room was broken and at the time unavailable for use and the cordless phones were in use. resident was responsible for returning the phone after use so the phone can be charged after each use and available. staff was responsible in tracking the phone and operating.</i>	<i>5/20/12 CEN</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)			
SIGNATURE OF LEGAL ENTITY <i>Harmonie Drossner</i>	DATE <i>4/3/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Miller</i>	DATE <i>5/11/12</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
42g A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.	<p>- On 3/19/12, representatives of the Department observed staff person A give residents rolls of toilet paper, with instruction to place in the bathrooms. The home did not compensate the resident for this work.</p> <p>- Residents in the home have an informal system for taking out the trash Monday through Wednesday. The home does not compensated the residents for the work.</p>	<i>3/26/12</i>	<p>In the future when a resident is asked or instructed to do work within the home, the resident will be compensated in accordance with labor laws. The toilet is a common area used by resident, and the request for the roll was made by the resident before staff give the roll to [redacted].</p> <p>Documentation of work completed and amount of compensation will be kept. <i>9/1/12</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3/11/12</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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>Marjorie Rossano</i>	DATE <i>4/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Miller</i>	DATE <i>5/11/12</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
<p>65g</p> <p>Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.</p> <p>(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.</p> <p>(3) Resident rights (under these</p>	<p>Direct care staff person A did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2011.</p>	<p><i>2/26/12</i></p>	<p><i>Staff received training in fire safety by an expert and was not documented. Staff will be responsible for having annual training completed and documented, and kept on file. The administrator will follow-up to ensure this is done annually.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>5/11/12</i> Date</p> <p><i>CKM</i> Initials (BPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
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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>Margorie Crossquero</i>	DATE <i>2/28/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE


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
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.		<i>2/28/12</i>		

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Margie Carasquero</i>	DATE <i>4/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE <i>5/11/12</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
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.	<ul style="list-style-type: none"> <li>- Steripheine II, disinfectant deodorant, with a manufacture's label indicating "if swallowed call a Poison Control Center or doctor immediately for treatment advice", was unlocked and accessible to residents under the bathroom sink, in the first floor bathroom. Residents of the home have not been assessed capable of recognizing and using poisons safely.</li> <li>- Hydronex Peroxide, with a manufacture's label indicating "if swallowed get medical help or contact Poison Control Center right away", was unlocked and accessible to residents, located in the kitchen cupboard above the medication cart in the kitchen area. Residents of the home have not been assessed capable of recognizing and using poisons safely.</li> <li>- Residents have access to the basement to do laundry. On 3/19/12, the room used to store poisonous materials was unlocked and accessible to residents contained the following:</li> <li>- 2 - gallon containers of Proforce multipurpose cleaner, with label "get medical attention if symptoms occur. Do not induce vomiting".</li> </ul>	<p style="font-size: 1.5em; margin: 0;"><i>3/26/12</i></p> <p style="font-size: 1.5em; margin: 0;"><i>3/4/12</i></p> <p style="font-size: 1.5em; margin: 0;"><i>3/19/12</i></p>	<p style="font-size: 1.2em; margin: 0;">All poisonous materials will be kept locked and inaccessible to residents. Resident was assessed by showing chemicals and reading literature along with feedback from the residents. The staff will be responsible and will continue to discuss with resident new products that is used as well as current products. This will be done quarterly or as needed.</p>	<p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 1.5em; margin: 0;"><i>Cheron Miller</i></p> <p style="font-size: 0.8em; margin: 0;">Date: <i>5/11/12</i> Initials (DPW)</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
	<ul style="list-style-type: none"> <li>- 2 - 1 gallon containers of Proforce Sanitizer, with label indicating "in case of ingestion - call physician".</li> <li>- 1 gallon container of Odoban Laundry refresher, with label indicating "call Poison Control Center, Physician for treatment advice".</li> <li>- 1 gallon container of Skyline Professional Satin Hand soap, with label "ingestion - call physician".</li> <li>- 30 load box of Classis Purex with label indicating "ingestion-call a physician immediately".</li> <li>- 2 gallons of Pink Lotion dish detergent with a manufacturing label indicating "if swallowed do not induce vomiting get medical advice".</li> </ul>	3/19/12		

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
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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>Haymie Cresques</i>	DATE <i>4/3/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherry Miller</i>	DATE <i>5/11/12</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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<p>- The metal plate used to cover the shower floor drain, on 3/19/12, was pushed aside and not secured. There was an opening 2 1/2 X 2 1/2 inches, where sharp and broken areas for screwing in the cover were exposed; presenting a cutting hazard.</p> <p>- The linoleum on the dining room floor, behind the chair and next to shared kitchen wall was loose and rolled up whenever the chair was pushed back away from the table; causing a tripping hazard.</p>	<i>4/3/12</i>	<p>The administrator and staff will be responsible in having <sup>repairs</sup> done as well as free of hazard. The cover was repaired and secured and the linoleum was also secured. Staff will do daily check to ensure the house is free of hazard and repairs completed.</p>	<i>5/11/12 OER</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
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SIGNATURE OF LEGAL ENTITY <i>Maryanne Perangino</i>	DATE <i>4/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christa Miller</i>	DATE <i>5/20/12</i>

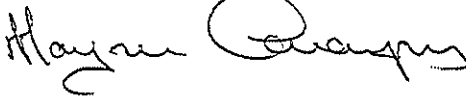

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone located in the dining room does not have emergency service numbers posted nearby.	<i>3/20/12</i>	The emergency service number poster was placed near the phone in the living-room. Staff will be responsible for ensuring the posting stays next to the phone, follow up will be done weekly by staff to ensure posting is not removed.	<i>5/20/12 CVR</i>

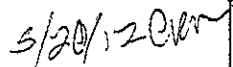
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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>Margorie Passauer</i>	DATE <i>2/27/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Miller</i>	DATE <i>5/20/12</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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The left side of the toilet paper holder, located in the first floor bathroom, was not secured. It protruded 2 3/4 inches from the wall; presenting a scratching and poking hazard to resident's face, arm and or shoulder upon rising from the commode.	<i>3/27/12</i>	<i>The toilet paper holder that was broken and not secured was repaired. Staff will be responsible in keeping the home free of hazard and secured as observed.</i>	<i>5/20/12</i> <i>Cherry</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
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SIGNATURE OF LEGAL ENTITY 	DATE 4/3/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/20/12

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed in room #4 does not have a source of light that can be turned on/off from bedside.	3/27/12	The lamp in resident room was placed next to [redacted] bed and operable. also other source was put in place as another source of light. Staff and administrator will both be responsible in ensuring the lamp is next to [redacted] bed and operable. Staff will check daily to ensure lamp is next to [redacted] bed.	5/20/12 

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Margie Corasium</i>	DATE <i>4/27/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Miller</i>	DATE <i>5/20/12</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
102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	<ul style="list-style-type: none"> <li>- There is no grab bar, hand rail or assist bar for toilets on the 1st and 2nd floor.</li> <li>- The back bathroom on the 2nd floor had no grab bar, handrail or assist bar for both the toilet and tub.</li> </ul>	<i>4/27/12</i>	<p>The grab bars / rails are in place on the 1st and 2nd floor bathroom staff will be responsible for ensuring the bars / rails are in place this check will be done daily</p>	<i>5/20/12 (127)</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
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SIGNATURE OF LEGAL ENTITY <i>Marynie Carasquen</i>	DATE <i>2/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Miller</i>	DATE <i>3/20/12</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
102f An individual towel, washcloth and soap shall be provided for each resident.	A common bar of soap was being used in the shower of the first floor bathroom. There was no other soap available for use.	<i>2/2/12</i>	<i>next to the sink is a bottle of hand washing soap and a soap dispenser on the wall above. staff will be responsible in ensuring resident personal soap is removed after using bathroom area. staff will check daily to ensure this is done and not repeated.</i>	<i>5/20/12</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
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SIGNATURE OF LEGAL ENTITY <i>Maryanne Carosque</i>	DATE <i>2/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christina Miller</i>	DATE <i>5/20/12</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
103a A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.	Residents of the home are not allowed to access the home's kitchen and the home does not have a separate kitchen area for the residents to use.	<i>3/27/12</i>	<i>In accordance to regulation resident will have access to the kitchen with supervision when using stove, oven and cooking equipment daily.</i>	<i>5/20/12 CEM</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Hayden Cooper</i>	DATE <i>4/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Miller</i>	DATE <i>5/20/12</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
103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	The following food items were not labeled or dated in the kitchen refrigerator on 3/19/12: <ul style="list-style-type: none"> <li>- Red pasta sauce stored in Nestle Toll House plastic tub.</li> <li>- Chicken noodle soup stored in Country Crock container.</li> <li>- Milk, red juice and orange juice.</li> <li>- Macaroni salad.</li> </ul> Repeated Violations: 04/19/2011	<i>3/19/12</i>	<i>The unlabeled food items was immediately removed. The items like Milk &amp; Juice jug was labeled properly. Staff will be responsible for labeling food items before storage. Staff will daily follow-up to ensure this is not repeated.</i>	<i>5/20/2012</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 04/3/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/20/12

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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 3/19/12, there was no thermometer in the freezer in the kitchen.	3/26/12	The thermometer is in the freezer and staff will be responsible in ensuring the thermometer is always in freezer staff will weekly and monthly check the freezer.	5/20/12 OK

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SIGNATURE OF LEGAL ENTITY <i>Megani D...</i>	DATE <i>4/20/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE <i>5/20/12</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
103i Outdated or spoiled food or dented cans may not be used.	The following food items with an expiration or "use by" date were found in the home, on 3/19/12. - Duncan Hines cake mix with "use by" date of Sept 14 - 08. - Box of vanilla pudding with "use by" date of January 17, 2007. - Tuna in clear liquid stored in recycled potato salad container in the refrigerator dated 3/10/12	<i>4/20/12</i>	<i>The food items was immediately removed. Staff will be responsible of disposing expired food items from the home weekly.</i>	<i>5/20/12 OK</i>


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SIGNATURE OF LEGAL ENTITY <i>Margie Perazun</i>	DATE <i>4/20/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Miller</i>	DATE <i>5/20/12</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
144d Smoking outside of the smoking room is prohibited.	On 3/19/12, three spent matches were on the floor, to the right of the night stand in room # 4.	<i>4/20/12</i>	<i>Staff will check resident room daily to ensure residents are not dropping matches and other trash into the floor, instead of trash can. Resident will be instructed to empty [redacted] pocket before going to [redacted] room of all matches (spend matches). This was discussed with resident.</i>	<div style="font-size: small;">                     Steps have been taken to correct violation; full compliance is not verifiable  <i>5/20/12</i>                      Date <span style="float: right;">Initials (DPW)</span>  <i>[Signature]</i> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
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162b When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.	The home does not offer substitute meals to the residents when meals are missed.	3/20/12	Resident is offered substitute when missed or when resident does not want what is served. Staff will be responsible for keeping resident meal if or when resident is not at home after meal are served.	5/20/12 

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SIGNATURE OF LEGAL ENTITY <i>Haym Crossen</i>	DATE <i>2/27/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Miller</i>	DATE <i>5/20/12</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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>- On 3/26/12, Xibrom Opth Solution 0.09% prescribed for resident # 2 was located in the home's medication cart. The resident's record did not contain a prescription for its use.</p> <p>- On 3/26/12, Betamethasone .05% and Latnoprost Solution .005% prescribed for resident # 3, was located in the home's medication cart. The resident's record contained no prescription for the medication.</p>	<i>3/26/12</i>	<p>Medications was removed immediately. Staff is responsible in following medication administration procedure with administration and returning discontinued medication to the Pharmacy. Staff will return all meds when discontinued weekly and monthly as occurred.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Initials (DPW)</p> <p><i>5/20/12</i> Date</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Margie Carrasquero</i>	DATE <i>4/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Miller</i>	DATE <i>5/20/12</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
183fi Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	On , 3/26/12, Diphenhydramine 50 mg prescribed for resident # 3 was in the home's medication cart. The medication was discontinued 1/30/12.	<i>3/27/12</i>	<i>staff is responsible for the removal of all discontinued medication of all medication from the med cart and returned to pharmacy immediately. Staff will be responsible for removal and checking med cart weekly and monthly to avoid future violations</i>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>5/20/12</i> Date</p> <p style="text-align: center;"><i>DPW</i> Initials (DPW)</p>

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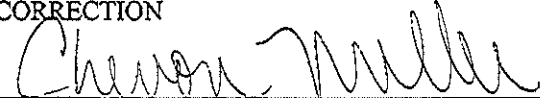
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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.		2/27/12		

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SIGNATURE OF LEGAL ENTITY <i>Heaven Grayes</i>	DATE <i>4/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Miller</i>	DATE <i>5/20/12</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
187d The home shall follow the directions of the prescriber.	The following medications were not available for use on 3/26/12 for resident # 3:  - Metamucil administered daily, Indocin 50 mg, administered twice daily and Hydrocortisone Cream 2%, apply twice daily.  Repeated Violations: 04/19/2011	<i>3/27/12</i>	<i>staff is responsible for ensuring residents medication is available for daily administration as prescribed. The staff will be following-up to ensure weekly that this is not repeated.</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>5/20/12</i> Initials (DPW) <i>DPW</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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221b The program shall provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.	The home's activities program was not implemented on 3/19/12 and 3/26/12.	3/19/12 3/26/12	Resident who were home was watching a show on TV, while others were sitting outside smoke in their room. A couple residents later decided to play cards in the living room as most of the room that was occupied at the time. Activities is available and offered to resident at the home. The resident enjoy looking at sport. Sport was on the activities for that day and was done after dinner.	5/20/12 CER

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SIGNATURE OF LEGAL ENTITY <i>Hegon Cressner</i>	DATE <i>2/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann Miller</i>	DATE <i>5/20/12</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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident # 3 is allergic to PCN, Seroquel, Deazopane, Zyprexa and Risperidol. The most recent assessment for resident # 3, completed 8/15/11, did not include allergies.	<i>2/2/12</i>	<i>The resident allergies were included on the assessment. The Administrator will be responsible in ensuring allergies are included on the assessment when completing assessment for each resident.</i>	<i>5/20/12 CRP</i>

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INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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SIGNATURE OF LEGAL ENTITY <i>Raymond Carayon</i>	DATE <i>2/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Miller</i>	DATE <i>3/20/12</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
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.	<p>- Resident # 3 has Safety/Recovery Crisis Plans, dated 8/15/11 and 9/1/11 identifying triggers, stressors and warning signs for behaviors and circumstances. The information was not included on the resident's support plan dated 8/25/11.</p> <p>-The home provides specific financial assistance to Resident #6. This need is not addressed on the resident's most recent support plan dated 9/1/11.</p>	<i>2/1/12</i>	<p>The information was included on a separate attached undated Safety/Recovery Crisis Plan in recognizing warning signs and coping skills in keeping residents safe and healthy. Staff will review these warning signs and coping skills to be better able to support and help in maintain <span style="background-color: black; color: black;">[REDACTED]</span> health and decrease behaviors.</p> <p>Resident #6 information was included in Support Plan. Admin note will be</p>	<i>3/20/12 CLK</i>


*responsibilities and will ensure this will be done in the real world.*


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

NAME AND ADDRESS OF PERSONAL CARE HOME CLARKE PERSONAL CARE HOME, 4701 NORTH 13TH STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 114060	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Patricia Adams, Kimberly Foulkes, Bryon Grayes, Cindy Yellenic	
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>Maya</i>	DATE <i>4/3/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann Miller</i>	DATE <i>5/20/12</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
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	<ul style="list-style-type: none"> <li>- Resident # 2's records does not include a photograph that is no more than 2 years old. The date on the photograph is 4/09.</li> <li>- The photograph of resident # 6, admitted 8/11/2006, is undated.</li> </ul> Repeated Violations: 04/19/2011	<i>3/26/12</i>	Resident photo was updated and dated on the back when taken before being placed in her files. The administrator will be responsible for ensuring and checking yearly that the photos are update and current.	<i>5/20/12 CLK</i>


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

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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
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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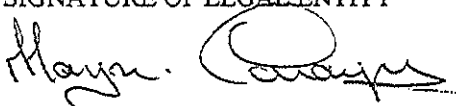
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

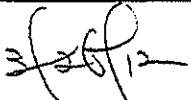
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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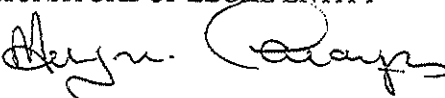
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any		