

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EVERGREEN ELDER CARE, INC.

LEGAL ENTITY

To operate THE VILLA ST. ELIZABETH

NAME OF FACILITY OR AGENCY

Located at 1201 MUSEUM ROAD, READING, PA 19611

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 92
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 May 24, 2012 until May 24, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205760

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 31 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Jean Brady, President
Evergreen Elder Care, Inc.
The Villa St. Elizabeth
1201 Museum Road
Reading, Pennsylvania 19611

Dear Ms. Brady:

As a result of the Department of Public Welfare's licensing inspection on March 19, 2012 and February 7, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205760	
INSPECTION DATES (Include all dates of the inspection) 02/07/2012		REGIONAL REPRESENTATIVE James Jesse Hummel, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jean Bready R.N. - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Jean Bready R.N.</i>	DATE <i>2/28/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Orin Higgins</i>	DATE <i>5-15-12</i>


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
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 #1 is prescribed Hydrocodone/APAP 5-500mg one tablet every 4 - 6 hours as needed for severe pain. The home does not have this medication available to resident #1 should the resident request this medication. <i>As noted by the home, the d/c order was not located until after the inspectors had departed. The home followed the inspection</i>		At the time of the inspection on February 7, 2012, the home appropriately did not have the Hydrocodone/APAP 5-500mg available for the resident because it was discontinued per the 12-15-2011 signed order of [REDACTED] M.D. (Attachment A). The cited finding by the inspection team is not in violation of the RCG. The home followed the proper procedures, as detailed in the following: Prior to 12-15-2011, Villa Master, Deborah Homan, had issued the <u>Request to Discontinue Medication</u> due to the PRN not being used in over 90 Days to Dr. Santoro's office (Attachment B). Upon receipt of the signed physician's order, the medication was removed and the related MAR's for December 2011 was properly noted (Attachment C). continued on next page	<i>AG</i> <i>5-15-12</i>

COPY

RECEIVED
MAR 01 2012 5-15-12
SCRANTON FIELD OFFICE
Adult Residential Licensing

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) <p align="center">JEAN BRADY RN Administrator</p>			
SIGNATURE OF LEGAL ENTITY <p align="center">Jean Brady RN</p>	DATE 2/28/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p align="center">Omine Alonjico</p>	DATE 5-15-12

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SIGNATURE OF LEGAL ENTITY <i>Jean Bready R.N.</i>	DATE 4/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 5-15-12

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3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The home did not have the violation reports dated 3/31/11, 5/10/11, & 6/16/11 posted in a public and conspicuous place in the home. RECEIVED APR 05 2012 SCRANTON FIELD OFFICE Adult Residential Licensing	Corrected and noted by surveyors on date of inspection. Verified: <i>Jean Bready</i> 3/19/12	This regulation permits residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the Villa and our plan to correct any violations found. The surveyors discovered that the pink book of 55 Pa Code } 2600 was posted properly in the public walkway outside the Administrator's office, as well as a copy of the 5-23-2011 current license. The missing inspection summaries from 3/31/11, 5/10/11 and 6/16/11 were placed in the proper location while the inspectors were still at the Villa. The inspectors noted that the violation of the missing reports was corrected while they were here. Continued.....	<i>AG</i> 5-15-12

VIOLATION REPORT
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3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The home did not have the violation reports dated 3/31/11, 5/10/11, & 6/16/11 posted in a public and conspicuous place in the home.	4-2-12 Q	3c — continued The Administrator and management staff clearly understand that all inspection summaries dating back to the last violation report prior to the issuance of the current license are to be posted in the tray outside the Administrator's Office. The Administrator has created a highly visible notebook binder (see Attachment A), and she will monitor the necessary documents on a weekly basis.	Q 5-15-12

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107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	The home's written emergency procedures have not been submitted to the local emergency management agency since 4/2/10.		<p>107d — Continued —</p> <p>When we were ready to mail the Villa's Emergency Preparedness Plan, the agency was still being formed, and [redacted] instructed us to forward it to his office at 815 Washington St., Reading, which is the same office of the regional EMA.</p> <p>On March 20, 2012, the day after the inspection, the Administrator reviewed, updated and sent the Villa Emergency Preparedness Plan to the same office at 815 Washington St., Reading - Attention [redacted] (Attachment C) - who has assumed the newly formed regional Emergency Management Agency. As edification, his office confirmed that the Villa's 2011 EPP was on file. The Administrator will ensure that the Villa's EPP is properly reviewed, updated and forwarded to the regional EMA coordinator each year.</p>	<p align="center">[Signature]</p> <p align="center">5-15-12</p>

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			DATE 5-15-12

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The most recent fire safety inspection and fire drill was conducted on 12/20/11. The previous inspection and fire drill was conducted on 4/14/10. The home did not complete the fire safety inspection and fire drill within 12 months.	FSE inspection conducted on 4-14-11. Confirmed with FSE that April - Dec period was under FSE supervision while valves and detectors were corrected. Verified: <i>J Bready</i> 3/20/12	This regulation ensures that a certified Fire Safety Expert performs an annual inspection and fire drill for the purpose of identification and correction of unsafe conditions; thus, helping to prevent fires from occurring. The Villa management team is committed to meeting all the requirements related to fire safety as it has throughout the years. The 2011 fire safety expert inspection was conducted and documented within the required twelve month period and the fire marshal closely supervised our adherence to the fire safety regulations throughout the year of 2011 and chose to delay the fire drill. This is not a violation for the following reasons: Continued <i>PP</i> Please don't confuse w/ 132d. 5-15-12	Steps have been taken to correct violation; full compliance is not required. Date: 5-15-12 Initials: <i>PP</i>

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	<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td>04/30/2011</td><td>10:00 AM</td><td>6 min 2 sec</td><td>No</td></tr> <tr><td>May</td><td>05/31/2011</td><td>05:20 AM</td><td>6 min 54 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/30/2011</td><td>09:43 AM</td><td>5 min 42sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/29/2011</td><td>06:05 AM</td><td>6 min 28 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/07/2011</td><td>10:58 AM</td><td>6 min 37 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/12/2011</td><td>01:05 PM</td><td>5 min 43 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/31/2011</td><td>10:30 AM</td><td>5 min 29 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/29/2011</td><td>05:01 AM</td><td>6 min 15 sec</td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table> <p>The document dated 4-11-11 was not produced on the day of inspection. 5-15-12</p>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr	04/30/2011	10:00 AM	6 min 2 sec	No	May	05/31/2011	05:20 AM	6 min 54 sec	No	Jun	06/30/2011	09:43 AM	5 min 42sec	No	Jul	07/29/2011	06:05 AM	6 min 28 sec	No	Aug	08/07/2011	10:58 AM	6 min 37 sec	No	Sep	09/12/2011	01:05 PM	5 min 43 sec	No	Oct	10/31/2011	10:30 AM	5 min 29 sec	No	Nov	11/29/2011	05:01 AM	6 min 15 sec	No	Dec				No		<p>132b — continued.....</p> <p>Regarding the annual fire inspection: [redacted] Fire Marshall with the City of Reading, performed a certified inspection on Thursday, April 11, 2011 (Attachment D). Since this annual inspection was conducted within twelve months of the previous fire safety expert inspection on April 10, 2010, the Villa management respectfully submits that this is not a violation of Regulation 132b.</p> <p>Regarding the annual fire drill: At the time of the April 2011 inspection [redacted] documented the need for the Villa to correct deficiencies related to the sprinkler system and fire alarm panel. These violations involved the need to adjust the force required to open and close fire-rated doors and the replacement of some outdated pressure gauges and detectors. None of the violations was service-affecting. Resultantly, the fire marshal stated that he would perform the Continued</p>	<p>Steps have been taken to correct violation; full compliance is not required. Date: 5-15-12 Initials: (DPM)</p>
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	<p><i>Fire Safety is not based on resident census - rather the integrity of the structure</i></p> <p align="center"><i>CD</i></p> <p align="center"><i>5-15-12</i></p>		<p>132b — continued.....</p> <p>annual fire drill at a later date when the deficiencies were corrected by our fire alarm vendors. He noted that due to the fact that the facility's infrastructure had not changed and that the census was stable, the fire evacuation intervals from his previous inspection still applied until he returned and supervised the fire drill after the deficiencies were corrected.</p> <p>The corrections to the fire doors and the sprinkler system pressure gauges were completed by May 2011, but the acquisition of the replacement detectors took [REDACTED] and ATS until December 2011 to complete.</p> <p>Continued</p>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date: <i>5-15-12</i></p> <p align="center">Initials (DPW): <i>[Signature]</i></p>

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SIGNATURE OF LEGAL ENTITY <p align="center">Jean Bready RN</p>	DATE 4/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p align="center">Dore Hargrave</p>	DATE 5-15-12

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
			<p>132b — continued.....</p> <p>██████████ was kept updated by the fire alarm vendors and Villa management throughout this period of time. Upon the final completion of the vendor's work, ██████████ re-inspected the facility and performed the fire drill on 12-20-2011.</p> <p>The Villa management understands the importance of this regulation and the Administrator will dutifully monitor the requirements of the annual inspections and fire drills conducted by the Fire Marshal. In the event there are deficiencies to correct as a result of the annual FSE inspection, the Administrator will still insist that the Fire Marshal perform and document a fire drill at the time of his inspection.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>5-15-12</p> <p>Date: _____ Initials (DPW): _____</p>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205760	
INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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">JEAN Bready R.N. Adm.</p>			
SIGNATURE OF LEGAL ENTITY <i>Jean Bready RN</i>	DATE 4/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gene Goyta</i>	DATE 5-15-12

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
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The fire drills conducted from 4/30/11-11/29/11 exceeded 2.5 minutes for evacuation. The home did not have a valid letter from a fire safety expert within the last year, indicating the technical construction of the building or identifying additional evacuation time in the event of an emergency. The current fire letter from a fire safety expert was dated 12/20/11.	FSE inspection conducted on 4-14-11. Confirmed with FSE that April - Dec period was under FSE supervision while valves and detectors were corrected. Verified: <i>J. Bready</i> 3/20/12	This regulation ensures that a fire safety expert designates in writing within a year the specific periods of time that the residents shall be able to evacuate the facility. The Villa management team is committed to meeting all the requirements related to fire safety as it has throughout the years. Due to the extenuating circumstances related to the contractor work required to update some of the equipment, the delay in the FSE fire drill was directed and monitored by the FSE himself. Resultantly, a violation of Regulation 132d did not occur. The FSE acknowledged throughout the 2011 period that the existent times to evacuate were still appropriate. As detailed in the Plan of Correction for Regulation 132b on Page 3A, the Fire Marshal did complete his inspection on April 14, 2011. Working in accordance to the Fire Marshal's directives, he mandated the annual fire drill be completed after our new detectors were installed. Continued	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date: <i>5-15-12</i> Initials: <i>(DPW)</i></p>
	<i>The written verification of a fire safety expert must occur annually. The lapse in the dates between letters that document operational fire safety systems resolved in the violation.</i>			

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INSPECTION DATES (Include all dates of the inspection) 03/19/2012		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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">JEAN Bready R.N - Adm</p>			
SIGNATURE OF LEGAL ENTITY <p align="center">Jean Bready RN</p>		DATE <p align="center">4/2/12</p>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p align="center">Anne Hayes</p>
			DATE <p align="center">5-15-12</p>

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																																																																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td>04/30/2011</td><td>10:00 AM</td><td>6 min 2 sec</td><td>No</td></tr> <tr><td>May</td><td>05/31/2011</td><td>05:20 AM</td><td>6 min 54 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/30/2011</td><td>09:43 AM</td><td>5 min 42sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/29/2011</td><td>06:05 AM</td><td>6 min 28 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/07/2011</td><td>10:58 AM</td><td>6 min 37 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/12/2011</td><td>01:05 PM</td><td>5 min 43 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/31/2011</td><td>10:30 AM</td><td>5 min 29 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/29/2011</td><td>05:01 AM</td><td>6 min 15 sec</td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table> <p>A period of time in which fire safety systems are non-operational or compromised may mean a subsequent fire safety inspection with <u>short</u> evacuation times. S-15-12</p>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr	04/30/2011	10:00 AM	6 min 2 sec	No	May	05/31/2011	05:20 AM	6 min 54 sec	No	Jun	06/30/2011	09:43 AM	5 min 42sec	No	Jul	07/29/2011	06:05 AM	6 min 28 sec	No	Aug	08/07/2011	10:58 AM	6 min 37 sec	No	Sep	09/12/2011	01:05 PM	5 min 43 sec	No	Oct	10/31/2011	10:30 AM	5 min 29 sec	No	Nov	11/29/2011	05:01 AM	6 min 15 sec	No	Dec				No		<p>132d - continued</p> <p>Throughout this period of time, the Villa was totally compliant to the fire safety standards of the Reading Fire Department and subordinate to the Fire Marshal's schedule and the fire alarm vendors' completion of the assigned corrective actions.</p> <p>In order to avoid a recurrence of this incident, the Administrator will closely monitor all the fire safety interactions with the appointed fire safety expert. The Villa will aggressively be proactive to ensuring that all evacuation times are properly documented by the FSE. . In the event there are deficiencies to correct as a result of the annual FSE inspection in the future, the Administrator will still insist that the Fire Marshal perform and document a fire drill at the time of his inspection and document and re-certify the times of evacuation.</p>	<p>Steps have been taken to correct violation; full compliance is not verified. Date: 5-15-12 Initials: DPV</p>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan				No																																																																	
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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) JEAN Bready R.N. Adm.			
SIGNATURE OF LEGAL ENTITY Jean Bready R.N.	DATE 4/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Anne H. Hagedorn	DATE 5-15-12

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #1's Advair 100/50 was opened on 2/15/12. The manufacturer's instructions read: the diskus is good for 1 month after opening foil pouch. Repeated Violations: 03/31/2011	On the date of the inspection, surveyors noted that the Advair diskus was removed from med cart. The pharmacy sent a new one that evening. Verified: J. Bready 3/12/12	This regulation ensures that all the medication kept in the facility is current. In this case, the Advair 100/50 diskus was opened on 2-15-12 with a 30 day expiration date of 3-15-12. On the date of the inspection, 3-19-12, the inhaler was still in the cart. After the surveyors discovered the outdated Advair 100/50 diskus, it was removed from the med cart by the Co-Administrator. This was documented by the surveyors. Upon our investigation, we learned that the Advair 100/50 carried an initial expiration date of 04-2013 while it remained unopened. The directions on the Advair 100/50 box state to discard the diskus one month after removal from the moisture-protective foil overwrap is opened or when the dose indicator reads "0", whichever comes first. Continued	Steps have been taken to correct violation; full compliance is not verifiable. Date: 5-15-12 Initials (DPW): [Signature]

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NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLA ST ELIZABETH, 1201 MUSEUM ROAD READING, PA 19611		CURRENT LICENSE NUMBER 205760	
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SIGNATURE OF LEGAL ENTITY <p align="center">Jean Bready R.N.</p>	DATE 4/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p align="center">Anne H. [Signature]</p>	DATE 5-15-12

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
			<p>183d -- continued</p> <p>The Med-Tech opened the diskus on 2-15-2012 and properly marked the open date on the box, but she failed to change the package's stamped expiration date of 04-2013 to the appropriate 3-15-2012. Resultantly, the Advair 100/50 diskus was left in the med cart past its expiration date.</p> <p>In this particular case, a second opportunity to avoid this violation occurred when a Villa management audit on 3-13-2012 disclosed the omission of the correct expiration date. The Villa compliance auditor marked the discus inside the box, but did not correct the initial expiration package date of 04-2013.</p> <p>Continued</p>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable.</p> <p align="center">Date: [Signature] Initials: (DPV)</p>

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

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SIGNATURE OF LEGAL ENTITY <p align="center" style="font-size: 1.2em;">Jean Bready R.N.</p>	DATE 4/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p align="center" style="font-size: 1.2em;">Anne Grayson</p>	DATE 5-15-12

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
			<p>183d – continued</p> <p>During the ensuing daily med cart audits, the med-techs unknowingly left the Advair 100/50 in the med cart.</p> <p>The corrective action plan is as follows to ensure that only current medications are kept in the facility is as follows:</p> <ol style="list-style-type: none"> 1. All the medication administration personnel have been re-trained on the proper procedures to ensure the open and expiration dates of all medications are properly noted. Specific training has been directed to the inhaler-type med that has a discard date based on its open date (Attachment E). Continued 	<p align="center" style="font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not expected.</p> <p align="center" style="font-size: 0.8em;">Date: 5-15-12 Initials: DJ</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Jean Bready R.N.</i>	DATE 4/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Mazur</i>	DATE 5-15-12

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
<div style="text-align: center;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="margin: 0;">APR 05 2012</p> <p style="margin: 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div>			<p>183d – continued</p> <p>2. The continuance of our administrator, compliance manager and med-tech daily med cart reviews and audits. Particular emphasis will be placed on-going to properly follow-up on audit findings to correct deficiencies, covering affected personnel and to document the necessary corrective action.</p> <p>The Administrator will be responsible to monitor all medication administration audits for the adherence of compliance with the DPW regulations. Additionally, the Administrator will personally conduct follow-up audits with emphasis on open and expiration date procedures.</p> <p align="right"><i>on a monthly basis</i> 5-15-12</p>	<p align="center" style="font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verified.</p> <p style="font-size: 0.8em;">Date: 5-15-12 Initials (DPW): <i>[Signature]</i></p>