

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate HEARTLAND RETIREMENT PERSONAL CARE HOME

Located at 46 ELEMENTARY LANE, BOX 210, WOOLRICH, PA 17779

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE  
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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 48  
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 May 1, 2012 until November 1, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316151

*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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: MAY 02 2012**

Ms. Judy Bailey, Owner/Administrator  
 Heartland Retirement Personal Care Home, Inc.  
 Heartland Retirement Personal Care Home  
 46 Elementary Lane, P.O. Box 210  
 Woolrich, Pennsylvania 17779

Dear Ms. Bailey:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 21, 2012 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
141a	III	10	\$3	\$30	15 calendar days from mailing date of this letter
252	III	10	\$3	\$30	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Adult Residential Licensing  
Department of Public Welfare  
631 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA 17779		CURRENT LICENSE NUMBER 316150	
INSPECTION DATES (Include all dates of the inspection) 03/21/2012		REGIONAL REPRESENTATIVE GERALD DUMAS, RYAN NOVAK	
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;">Judy Bailey OWNER/ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 4-19-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/25/12

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
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 a copy of the Chapter 2600 Regulations posted in a public conspicuous place.  <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center;">APR 24 2012</p> SCRANTON FIELD OFFICE Adult Residential Licensing			

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA 17779		CURRENT LICENSE NUMBER 316150	
INSPECTION DATES (Include all dates of the inspection) 03/21/2012		REGIONAL REPRESENTATIVE GERALD DUMAS, RYAN NOVAK	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Judy Bailey</i>	4-19-2012	<i>A. Mostakowski</i>	4/25/12

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
26b The quality management plan shall address the periodic review and evaluation of the following: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home's quality management meeting conducted on 2/7/12 does not address reportable incidents and conditions, complaint procedures, and staff person training.	5-15-2012	When doing the next Quality management meeting Administrator will address the following (1) reportable incident, and Condition reporting procedures. (2) Complaint procedures (3) Staff person training (4) Licensing violations and plans of Correction, if applicable (5) Resident or family councils, or both, if Applicable. If there is something that doesn't need Addressed then it will be filled in with nothing to be Addressed at this time.  * Administrator will make sure when filling out paper out that all five subjects are being addressed, and There are not any empty spots.	

Steps have been taken to correct violation; full compliance is not verifiable  
 Date: 4/25/12  
 Initials: (DPM)

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

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SIGNATURE OF LEGAL ENTITY <i>Judy Bailay</i>	DATE 4-19-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognaluzzi</i>	DATE 4/25/12

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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	The following employees did not receive training in the Older Adult Protective Services Act with 40 scheduled work hours of their hire date.  Ancillary Staff # A hired 11/3/11 Direct Care Staff # B hired 8/11/11 Direct Care Staff # C hired 7/27/11 Direct Care Staff # D hired 1/30/11	4-12-2012	Administrator put the older Adult Protective Services Act information kit with test in the training book so when Employee starts within 40 hours the training will be Completed From the date of hire.  Administrator will do monthly checks of training book to Make sure the older adult protective services act kit is still Presented in training book.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full compliance is not verifiable                      Date: <i>4/25/12</i>                      Initials (DPW): <i>[Signature]</i> </div>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Judy Bailey</i>	DATE 4-19-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskowitz</i>	DATE 4/25/12

REGULATION 55 Pa.Code §2600 and conditions.	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
			<i>- previous page</i>	

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INSPECTION DATES (Include all dates of the inspection) 03/21/2012		REGIONAL REPRESENTATIVE GERALD DUMAS, RYAN NOVAK	
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>Judy Bentley</i>	DATE 4-19-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 4/25/12

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Direct Care staff member E hired 5/10/11 and F hired 8/26/05 did not receive fire safety training by a fire expert in 2011.	5-30-2012	<p>Administrator will contact fire expert to set up fire safety training to make sure staff member E &amp; F (E) no longer employed.</p> <p>Administrator will set a <u>yearly</u> fire safety training class with a trained fire safety expert. Once scheduled administrator will call one month prior to class to Verify the class.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full compliance is not verified.                      Date: 5/30/12                      Initials: (DPW)                 </p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Judy Bailey</i>	DATE <i>4-19-2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mofialczyk</i>	DATE <i>4/25/12</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
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>Previous page</i>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The exit door labeled A has a 10 inch step down into a 4 inch wide hole. This creates a possible trip or fall hazard when exiting the building.	<i>4-12-2012</i>	<p>When state was in employee's &amp; Administrator filled the hole. Inspector Was shown to verify and approve it.</p> <p>Administrator as well as employee's will Do walk around the building to make sure There are no fall hazards so residents and All others will not fall. This will be done on A weekly basis.</p>	<p><i>MS</i> Date Initials (DPW)</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p>

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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
123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The emergency evacuation diagrams posted throughout the home did not include the location of the fire extinguishers or the pull stations.	<i>4-12-2012</i>	<p>Administrator walked to all diagrams and</p> <p>Remarked with a red permanent marker of the</p> <p>Locations of the fire extinguishers and pull</p> <p>Stations. The fire extinguishers are a red solid</p> <p>Dot, and the pull stations are a circle.</p> <p>Administrator will make monthly walk checks</p> <p>To make sure ink is still able to be seen.</p>	<i>MM</i> <i>4/25/12</i>

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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident # 1 dated 8/12/11 did not include temperature, diagnosis or medical history. Additionally, the attached list of medications was not dated by the prescribed physician.  The medical evaluation dated 2/7/12 for Resident # 2 was incomplete as it did not include social security number, birthdate, age, sex or body positioning. Additionally, the attached form to the medical evaluation was completed on 2/10/12 and not on the same date as the examination nor was the attachment signed by the examining physician  Repeated Violations: 03/02/2011	<i>5-15-2012</i>	Administrator will contact Dr. Office of Resident #1 and have them fill out the MA-51 completely so All information is there.  Administrator will make sure all information is on  When resident returns from Dr. Office that day if  Not administrator will call Dr. that day to correct.	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is now achieved Date: <i>5/15/12</i> Initials (DPM): <i>[Signature]</i></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			<i>Previous page</i>	

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141b1 A resident shall have a medical evaluation: (1) At least annually.	An Annual Medical Evaluation was not completed for Resident # 3 in 2011. The last medical evaluation for Resident # 3 was completed on 12/16/10.	<i>4-12-2012</i>	Administrator contacted Dr. and it was done but not given in timely manner. Medical evaluation on resident #3 was done and was received.  Administrator will have a list with every resident and when MA-51 is due administrator will check monthly in charts and list to assure they are updated annually.	Steps have been taken to correct violation; full compliance not verifiable Date: <i>4/25/12</i> Initials: <i>DPW</i>

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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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	An Updated Medical Evaluation was not completed for the following residents who were admitted to Home Health/Hospice on the following dates:  Resident # 3 admitted to home health on 2/17/11 Resident # 4 admitted to hospice on 9/29/11 Resident # 2 admitted to hospice on 4/22/11.	<i>5-15-2012</i>  <i>*ONGOING</i>	Administrator will contact Dr. on resident #3, #4, and #2  To update the medical evaluation in the changing of  Their condition if needed before the annual medical  Evaluation.  Administrator will speak to the Hospice that would  Be coming in and have them as well contact Dr. to  Let them know that medical evaluation needs to be  Updated.  <i>* The administrator will assure that all residents shall have a new medical evaluation if the medical condition of the resident change prior to the annual medical evaluation. pm</i>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <i>5/15/12</i> Initials (DPM) <i>[Signature]</i></p>

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

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the home's van used to transport residents was not equipped with a thermometer.	<i>4-12-2012</i>	<p>First Aid Kit, was new and unopened. Did not contain Thermometer. Administrator went and placed thermometer in first aid kit, Inspector did see this being done.</p> <p>Administrator will check first aid kit to make sure all required equipment is in before transferring To appointment.</p>	<p style="text-align: center;"><b>Steps have been taken to correct violation; full compliance not verified.</b></p> <p style="text-align: center;">Date: <i>4/25/12</i> Initials: <i>(JWB)</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Judy Bailey</i>	DATE 4-19-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 4/25/12

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.	<p>Resident # 2 Humulin 70/30 was dated 2/12/12 as opened. The vial is good for 28 after puncturing the vial.</p> <p>Resident # 5 Advair 500/50 was dated 2/14/12 as opened. The diskus is good for 1 month of opening the pouch.</p> <p>The following medications were found in the medication cart for Resident # 6; the medications are no longer current:</p> <p>Furosemide 40 mg. tablets Nitroglycerin Transdermal System patches</p> <p>A vile of hydrogen peroxide found in the home's first aid kit expired 2/12.</p>	2-12-2012	<p>Administrator will go into Medication room and</p> <p>Go through all the medications to make sure all</p> <p>Are not expired. If any are found they will be <del>Distributed</del> <b>Destroyed</b> in the proper manner. That would</p> <p>Also include the first aid kit.</p> <p>Every month the Administrator or medication certified caregiver will make sure that the</p> <p>Medications that are in the medication room are not</p> <p>Expired. Administrator will make a chart up to be signed</p> <p>Off so this will not be overlooked.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <i>[Signature]</i> Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA 17779		CURRENT LICENSE NUMBER 316150	
INSPECTION DATES (Include all dates of the inspection) 03/21/2012		REGIONAL REPRESENTATIVE GERALD DUMAS, RYAN NOVAK	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Judy Bailey</i>	<i>4-19-2012</i>	<i>M. Moskalczyk</i>	<i>4/25/12</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
187d The home shall follow the directions of the prescriber.	The home did not have Resident # 6's Flexall Plus on hand as ordered by the physician.  The home did not have Resident # 2's Diazepam 5mg/ml, Ativan .5mg and Morphine Sulfate 20 mg. as ordered by a physician.	<i>4-12-2012</i> <i>J</i> <i>*ONGOING</i>	Administrator went through resident #6 and resident #2 Medication sheets to make sure all medications were present and matched up.  Administrator will do weekly to bi-weekly checks to make sure all medications matched up with MAR.  <i>* The administrator will assure that the direction of the prescriber(s) is being followed by the home to meet residents needs.</i>	<i>4/25/12</i> <i>M</i>

Steps have been taken to correct violation; full compliance is not verifiable  
 Date \_\_\_\_\_  
 Initials (D/PW) *M*

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA 17779		CURRENT LICENSE NUMBER 316150	
INSPECTION DATES (Include all dates of the inspection) 03/21/2012		REGIONAL REPRESENTATIVE GERALD DUMAS, RYAN NOVAK	
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SIGNATURE OF LEGAL ENTITY <i>Judy Bailey</i>	DATE 4-19-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskialczyk</i>	DATE 4/25/12

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
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.	Updated assessments were not completed for the following Residents who had a change in condition and are currently receiving home health or hospice services:  Resident # 3 admitted to home health on 2/17/11 Resident # 4 admitted to hospice on 9/29/11 Resident # 2 admitted to hospice on 4/22/11	5-15-2012  *ONGOING	Administrator will pull files out on resident #3, #4, #2 to look over and update any Changes that need to be applied through Hospice or Home Health.  * Administrator will make up check list of what Papers will need filled out to be updated when The condition of resident change and are put on Hospice. When resident is put on Hospice or Home Health the checklist will be looked over to review.  * The administrator will monitor for ongoing compliance	<i>M.</i>

Steps have been taken to correct violation; full compliance is not verifiable  
 Date: 4/25/12  
 Initials (DPW): *M.*

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

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<i>Judy Bailey</i>	<i>4-19-2012</i>	<i>M. Moskalezyk</i>	<i>4/25/12</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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Updated support plans were not completed for the following residents who had a change in condition requiring an updated support plan:  Resident # 3 admitted to home health on 2/17/11 Residents #4 and #5 admitted to hospice services on 4/22/11 and 9/29/11 respectively.	<i>5-12-2012</i>	<p>Administrator will pull files out on resident #3, #4, and #5 to look over and update any Changes that need to be applied through Hospice Or home health.</p> <p>Administrator will make up check list of what Papers will need filled out to be updated when The condition of resident change and are put on Hospice. When resident is put on Hospice or Home Health the checklist will be looked over to review.</p> <p><i>* The administrator will assure ongoing compliance with this regulation. <i>pm</i></i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Errors have been taken to                      effect of violation; full                      compliance to not verifiable                      Initials (DPW)                 </p>

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA 17779		CURRENT LICENSE NUMBER 316150	
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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
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,	Residents # 7 and # 2 did not include eye color and identification markings respectively.  Repeated Violations: 03/02/2011	4-12-2012	Administrator went through and filled out eye color and identification markings if any. If not there will be a N/A so there will be no empty spaces.  Administrator will go through all charts to make sure no empty spaces are left open, and eye colors are included on a monthly basis.	<i>Steps have been taken to correct violation, till compliance is verifiable</i> Date <i>[Signature]</i> Initials (DPW)
		5-11-12	Audit of all residents records will be completed by 5-11-12. Documentation of the audit will be maintained by the administrator.	<i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA		CURRENT LICENSE NUMBER 316150	
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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
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			<i>Previous page</i>	

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

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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
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.			<i>previous page</i>	

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

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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
(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			<i>Previous page -</i>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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			<i>- previous page</i>	

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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	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">APR 24 2012</p> <p style="margin: 0;"><b>SCRANTON FIELD OFFICE</b> Adult Residential Licensing</p> </div>		<i>previous page -</i>	