

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NEW CONCEPTS INC

To operate THE SUSQUEHANNA HOUSE

Located at 2400 SUSQUEHANNA TRAIL, MCEWENSVILLE, PA 17749

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 22
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 26, 2012 until May 26, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **213120**

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

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

MAY 31 2012

Ms. Staci Calabro, President
New Concepts, Inc.
P.O. Box 167
McEwensville, Pennsylvania 17772

RE: The Susquehanna House
2400 Susquehanna Trail
McEwensville, Pennsylvania 17749

Dear Ms. Calabro:

As a result of the Department of Public Welfare's licensing inspection on March 27, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. 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

P. 2

570-649-5100

WRHH


May 07 12 10:55a

NAME AND ADDRESS OF PERSONAL CARE HOME THE SUSQUEHANNA HOUSE, 2406 SUSQUEHANNA TRAIL MCEWENSVILLE, PA 17749		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 03/27/2012		REGIONAL REPRESENTATIVE Jason Harvey, Julie Rushin	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) SIREN ENLABES, PLES			
SIGNATURE OF LEGAL ENTITY <i>Siren Enlabes</i>	DATE 4/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Arnie Stegman</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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The Medication Administration Record for resident #1 did not indicate a diagnosis or purpose for Pantoprazole 20mg. The Medication Administration Record for resident #2 did not indicate a diagnosis or purpose for Polyethylene Glycol and Ducolax 100mg..	3/27/12 3/27/12 4/16/12	The diagnosis for Resident #1 use of Pantoprazole was added to the MAR during inspection, as well as the diagnosis for Resident #2 use of Polyethylene Glycol and Ducolax. A staff review was conducted on following the check-off list for entering medication orders on the MAR which includes adding a diagnosis or purpose for each medication. The administrator and Medication Trainer reviewed the MAR's for all residents to ensure the entry of diagnosis for each medication	<i>Q</i> 5-15-12

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE SUSQUEHANNA HOUSE, 2400 SUSQUEHANNA TRAIL MCEWENSVILLE, PA 17749		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 03/27/2012		REGIONAL REPRESENTATIVE Jason Harvey, Julie Rushin	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACI CALABRO, APES</i>			
SIGNATURE OF LEGAL ENTITY <i>Staci Calabro</i>	DATE <i>4/16/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anna H. [Signature]</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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<p><i>In addition, the pharmacy was contacted to assist in reviewing resident MAR's for completion of all requirements before sending to the home. Upon delivery staff medication staff will complete a review of all required components. When entering new medications to the MAR med staff will follow the same procedures.</i></p> <p><i>Medications trainer will complete weekly audits of MAR's to ensure future compliance. Medications staff will receive monthly reviews of medications documentation policies.</i></p>	 5-15-12