



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
555 Walnut Street, 6th Floor
Harrisburg, Pennsylvania 17101

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 2, 2012

Mr. Eddie Inzana, President and CEO
Guardian Elder Care at Tyrone I, LLC
8796 Route 219, PO Box 240
Tyrone, Pennsylvania 16686

RE: Epworth Manor
925 South Lincoln Avenue
Tyrone, Pennsylvania 16686

Dear Mr. Inzana:

As a result of the Department of Public Welfare's licensing inspection on March 27, 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator


Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Epworth Manor Personal Care, 925 South Lincoln Avenue Tyrone, PA 16686		CURRENT LICENSE NUMBER 328421	
INSPECTION DATES (Include all dates of the inspection) 03/27/2012		REGIONAL REPRESENTATIVE Serena Chou, Lori Gensil	
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>Patti Stockley</i>		DATE 4/13/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>
			DATE 5-2-12

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
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.	<ul style="list-style-type: none"> The home evacuates residents to fire safe areas. The home does not have written documentation from a fire safety expert designating these areas as being fire safe areas. During the 2/28/2012 fire drill, only thirty of thirty-one residents were evacuated. The home's designated evacuation time from a fire safety expert is 8 minutes. On 1/3/2012, the fire drill evacuation time was 8 minutes and 24 seconds. The home's fire drill evacuation times were: <p align="center">PCH Division Central Region Field Office</p> <p align="center">APR 17 2012</p> <p align="center">RECEIVED</p>	5/18/12	<ol style="list-style-type: none"> Administrator spoke with [REDACTED] fire safety expert. Facility to schedule a repeat Fire evacuation using the Fire Evacuation Time/Fire Safe Area Designation form and list the fire-safe areas in facility. Administrator spoke at the resident counsel meeting on the importance of evacuation during a fire drill. Specific resident that refused to evacuate was individually educated. Evacuation times will be logged and repeated within the same month if evacuation time was not within the safe evacuation time. determined by expert. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">5-2-12 <i>SS</i></p> <p>Date Initials (DPW)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Pate Stockley</i>	DATE 4/13/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5-2-12

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																																																																	
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SIGNATURE OF LEGAL ENTITY <i>Patti Stockley</i>	DATE 4/13/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Blain Ervath</i>	DATE 5-2-12

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> • On 1/14/2012, during pm hours, resident #1's Pantoprazole was not initialed as being given by the person administering the medication. • On 2/16/2012, during pm hours, resident #2's Lorazepam and Lyrica were not initialed as being given by the staff person administering the medication. <p>Repeated Violations: 11/16/2011</p>	4/10/12	<ol style="list-style-type: none"> 1. MAR's were reviewed for both resident #1 and #2. 2. Educated medication administrators of the regulations 187a13 and 187a14. 3. Plan initiated to audit MAR's at the end of each shift using the MARS Audit Report. 4. Administrator with conduct monthly audits of the Medication Administration Record using the Quality Assurance audit tool. <p style="text-align: right; margin-top: 20px;">Steps have been taken to correct violation; full compliance is not verifiable</p>	<p style="margin: 0;">5-2-12 <i>SE</i></p> <hr style="width: 50%; margin: 0 auto;"/> <p style="margin: 0;">Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Epworth Manor Personal Care, 925 South Lincoln Avenue Tyrone, PA 16686		CURRENT LICENSE NUMBER 328427	
INSPECTION DATES (Include all dates of the inspection) 03/27/2012		REGIONAL REPRESENTATIVE Serona Chou, Lori Gensil	
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>Pattie Stockley</i>	DATE 4/13/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Elaine Emuth</i>	DATE 5-2-12

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231e Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.	Resident #1 was admitted to the SDCU on 12/20/2011. The home has no documentation that the resident and the resident's designated person have not objected to the admission.	4/11/12	<ol style="list-style-type: none"> 1. A Special Care Unit Admission Consent was signed for Resident #1 on 4/11/12. 2. Audit was conducted on all Memory Support residents. 3. Administrator will incorporate this "Special Care Unit Admission Consent" to all new admissions. 	5-2-12 <i>LS</i>