

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRY COMFORT ALTERNATIVE LIVING, INC.

To operate COUNTRY COMFORT ALTERNATIVE LIVING, INC.

Located at 10546 RIVER ROAD, NEW COLUMBIA, PA 17856

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 20  
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 26, 2012 until May 26, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202050

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. Rose M. Handy, President  
Country Comfort Alternative Living, Inc.  
10546 River Road  
New Columbia, Pennsylvania 17856

Dear Ms. Handy:

As a result of the Department of Public Welfare's licensing inspection on March 28, 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 read "Ronald 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 COUNTRY COMFORT ALTERNATIVE LIVING INC, 10546 RIVER ROAD NEW COLUMBIA, PA 17856		CURRENT LICENSE NUMBER 202050	
INSPECTION DATES (Include all dates of the inspection) 03/28/2012		REGIONAL REPRESENTATIVE James Jesse Hummel, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>ROSE M. HANDY, PRESIDENT &amp; ADMINISTRATOR</b>			
SIGNATURE OF LEGAL ENTITY <i>Rose M. Handy</i>	DATE 5/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Mozian</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
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p>On 4/26/11 at 8:05 am the home held a fire drill and evacuated 17 of the 18 residents in the home at the time of the drill. The home did not evacuate resident #1 to the designated meeting place outside of the facility.</p> <p>On 10/17/11 at 8:15am the home held a fire drill and evacuated 17 of the 18 residents in the home at the time of the drill. The home did not evacuate resident # 2 to the designated meeting place outside of the facility.</p>		<p><b>ROOT CAUSE - ONE RESIDENT ON 4/26/11 AND ONE RESIDENT ON 10/17/11 REFUSED TO EVACUATE FOR THE FIRE DRILL.</b></p> <p><b>FIX PROBLEM</b> ① EACH RESIDENT WAS TOLD THAT THE CONTRACT STATES THAT EVACUATION IS MANDATORY FOR ALL FIRE DRILLS. IF THEY DO NOT FOLLOW THE AGREEMENT, CONTRACT WILL BE TERMINATED AND THEY WILL HAVE TO MOVE.</p> <p>② CONTINUE RUNNING FIRE DRILLS FOR THE MONTH UNTIL ALL RESIDENTS EVACUATE.</p> <p><b>RESPONSIBLE PERSON - THE ADMINISTRATOR</b></p> <p><b>DATE COMPLETED - 4/26/12</b></p> <p>RAN THIRD SHIFT DRILL AND ALL RESIDENTS EVACUATED.</p>	<p><i>QZ</i></p> <p>5-15-12</p>

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SIGNATURE OF LEGAL ENTITY <i>Greg M. Handy</i>	DATE 5/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris Hoagland</i>	DATE 5-15-12

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

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COUNTRY COMFORT ALTE

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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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The two medical evaluations located in the record of resident #2 (admitted 10/4/11) were completed on 3/22/11 and 3/12/12. A medical evaluation was not completed for resident #2 within 60 days prior to or 30 days after admission to the home.		<p><u>ROOT CAUSE - RESIDENT #2 moved TO OUR FACILITY FROM ANOTHER PCH. ADMINISTRATOR THOUGHT ANOTHER MEDICAL EVALUATION WAS NOT NEEDED.</u></p> <p><u>FIX - MAKE SURE ALL RESIDENTS REGARDLESS FROM WHERE THEY COME, RECEIVE A MEDICAL EVALUATION 60 DAYS PRIOR OR 30 DAYS AFTER ADMISSION</u></p> <p><u>RESPONSIBLE PERSON - ADMINISTRATOR</u></p> <p><u>DATE COMPLETED - 3/28/12</u></p>	<p><i>AG</i> 5-15-12</p>

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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 home's vehicle which is used to transport residents does not include a first aid kit which is kept within the vehicle.		<p><b>ROOT CAUSE - FIRST AID KIT IS KEPT IN OFFICE SINCE RESIDENTS ARE ALSO TRANSPORTED BY ADMINISTRATIVE ASSISTANT AND THEREFORE WOULD BE AVAILABLE IF HOME'S VEHICLE WAS BEING USED FOR SOMETHING OTHER THAN TRANSPORTING A RESIDENT.</b></p> <p><b>FIX - BUY ANOTHER FIRST AID KIT AND KEEP ONE IN EACH VEHICLE</b></p> <p><b>RESPONSIBLE PERSONS - ADMINISTRATOR &amp; ADMINISTRATIVE ASSISTANT</b></p> <p><b>DATE COMPLETED - 3/29/12</b></p>	<p><i>AG</i></p> <p>5-15-12</p>

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The initial assessment in the record of resident #3 (admitted 12/16/11) was completed on 1/13/12 and was therefore not completed in a timely manner. The initial assessment in the record of resident #4 (admitted 10/7/11) was completed on 11/2/11 and was therefore not completed in a timely manner.		<p>ROOT CAUSE - USED NEW RASP FORM AND DID NOT SEE A PLACE TO ENTER ASSESSMENT DATE UNTIL INSPECTOR POINTED OUT PLACE ON FRONT SHEET. (WAS TOLD THAT THIS IS A COMMON ERROR WITH THIS NEW FORM.)</p> <p>DO INITIAL ASSESSMENT &amp; FIX - ENTER DATE AT PROPER PLACE WITHIN 15 DAYS OF ADMISSION. FIXED ALL NEW FORMS USED.</p> <p>RESPONSIBLE PERSON - ADMINISTRATOR</p> <p>DATE COMPLETED - 3/29/12</p> <p>ALSO TOOK CLASS ON 4/3/12</p>	5-15-12 <i>RJ</i>

FOR "DEVELOPING COMPREHENSIVE ASSESSMENTS & SUPPORT PLANS"

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