

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOSPICE OF CENTRAL PENNSYLVANIA, INC.

To operate THE CAROLYN CROXTON SLANE RESIDENCE-HOSPICE OF CENTRAL PA

Located at 1701 LINGLESTOWN ROAD, HARRISBURG, PA 17110

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 6  
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 14, 2012 until May 14, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 362220

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.



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

ADULT RESIDENTIAL LICENSING

MAY 24 2012

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

Ms. Karen M. Paris, CEO  
Hospice of Central Pennsylvania, Inc.  
1320 Linglestown Road  
Harrisburg, Pennsylvania 17110

RE: The Carolyn Croxton Slane Residence – Hospice of Central PA  
1701 Linglestown Road  
Harrisburg, Pennsylvania 17110

Dear Ms. Paris:

As a result of the Department of Public Welfare's licensing inspection on April 2, 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: 36222 - 04/02/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2. DESCRIPTION OF VIOLATION**

The contract for resident #1, admitted 3/31/12, and resident #2, admitted 3/16/12, did not have resident signatures. There was no notation of inability or refusal to sign.

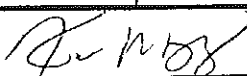
**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Effective immediately, the manager, or designee, will ensure that the resident signs/ places a mark on all resident contracts. In many cases, a hospice resident may not be capable of signing the contract due to significant medical or cognitive impairments; that was the case in both instances listed above. In that case, the administrator will document specifically what the circumstances are that prohibit the resident from participating.

The legal entity has included this in the procedure for the completion of all admission forms. The Residence manager has provided training for all staff and managers that complete resident contracts. (Attachment A)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Karen M. Paris CEO Date 4/30/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-8-12  
(Date)

Signature of Legal Entity Representative 5-8-12  
(Date)

The above plan of correction was approved by EE  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 36222 - 04/02/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**2. DESCRIPTION OF VIOLATION**

Resident #1, admitted 3/31/12, and resident #2, admitted 3/16/12, did not have a statement signed by the resident acknowledging receipt of a copy of the resident rights.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

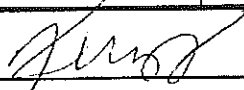
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

An acknowledgement of the receipt of a copy of the Resident's Rights is included in the contract signed by the resident, or their designated person, at time of admission. Please see Attachment B on page 5. A copy of Resident's Right can be found on page 7 and 8 of the contract.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Karen M Paris CEO

Date

9/30/12

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5-8-12  
(Date)

Signature of Legal Entity Representative

5-8-12  
(Date)

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gp  
(Initials)

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Violation Report: 36222 - 04/02/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2. DESCRIPTION OF VIOLATION

There were 5 one gallon containers of bleach in the pantry area along with "Dermoplast" pain spray and hydrogen peroxide in the alcove cabinet by the medication closet. Warning labels required that "Poison Control" be contacted if swallowed. These areas were unlocked and residents' #1 and #2 were not assessed as capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All of the above listed materials were relocated to locked areas of the facility at the time of the survey. All cleaning materials are kept in the locked laundry room, while medical products are kept in the locked medication room.

The Residence Manager provided training for all staff regarding this regulation on 4/3/2012. To avoid future recurrence of this violation, the manager has included this item on the form completed during monthly walk through inspections. (Please see attachment C)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Karen M Paris CEO

Date

4/30/12

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(Date)

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5-8-12  
(Date)

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KE  
(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 36222 - 04/02/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2. DESCRIPTION OF VIOLATION

The emergency preparedness plan for Dauphin county was not posted anywhere in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A copy of the Dauphin County emergency plan was moved from the manager's office and posted at the facility's entrance at the time of the survey. The manager will review the county's plan annually, in January, and post any updated revisions to that plan.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen M Paris Date 4/30/12

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<p>The above plan of correction is approved as of <u>5-8-12</u> (Date)</p> <p>The above plan of correction was approved by <u>KE</u> (Initials)</p>	<p>Signature of Legal Entity Representative <u>5-8-12</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 36222 - 04/02/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.132(b) - 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.

**2. DESCRIPTION OF VIOLATION**

A fire drill was not conducted by a fire safety expert in 2011.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The annual fire safety inspection and supervised fire drill did not occur on the same day in November 2011 due to a scheduling conflict and then became overlooked. The manager has contacted the Susquehanna Township fire marshall to coordinate the 2012 annual inspection and supervised fire drill for November. Attachment D is the schedule of all fire drills for the remainder of 2012 and early 2013, which includes plan for meeting this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Karen M Paris CEO Date 4/30/12

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Violation Report: 36222 - 04/02/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.132(d) - 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.

2. DESCRIPTION OF VIOLATION

The home does not have a letter from a fire safety expert with a designated evacuation time. On 7/29/11 at 4:45 PM, the home evacuated 6 residents in 2 minutes and 45 seconds.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

~~The Carolyn Croxton Slane Residence does have a letter from a fire safety expert that addresses designated evacuation times. (See attachment E).~~ The facility does not have a pattern of longer <sup>than 2 1/2 minutes</sup> evacuation times during drills. The manager, and the agency's safety committee, will continue to work with internal and external fire safety experts to improve consistency on evacuation times during fire drills. An extensive fire safety in-service is planned for all Residence staff in June 2012, and for all Hospice of Central PA agency staff, during annual in-service days in November 2012.

In the interim period, the home will conduct additional training for all staff on each shift; reviewing the home's evacuation procedures to ensure that all staff are fully aware of their role in an evacuation. -*BE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Karen M Paris CEO			4/30/12

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Violation Report: 36222 - 04/02/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2. DESCRIPTION OF VIOLATION

The last drill conducted during sleeping hours was on 8/26/11 at 6:30 AM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The manager conducted a night time fire drill on 4/6/2012 at 5:10 a.m.  
~~The facility, due to the fact that all residents are under hospice care, and sleep frequently, used its night shift, 12:00 midnight - 8:00 am to perform sleeping hour fire drills. To avoid future confusion,~~ the manager will now schedule all sleeping hour drills to occur between the hours of midnight and 7:00 am which complies with the definition set forth by DPW. Attachment D is a schedule of planned fire drill times for the 2012-2013 year.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) Karen M Paris CEO Date 4/30/12

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Violation Report: 36222 - 04/02/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2. DESCRIPTION OF VIOLATION

The administrator stated that the fire alarm or smoke detector is not activated during fire drills.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective with the April 2012 fire drill, an audible alarm bell will be activated by the manager for a period of time to announce the fire drill. Staff have been trained and residents/families will be notified of this at the time of the drill.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Karen M Paris CEO

Date

4/30/12

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BE  
(Initials)

Violation Report: 36222 - 04/02/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2. DESCRIPTION OF VIOLATION

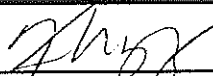
There were no photographs in the records of residents' #1 and #2.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

~~Photographs of hospice residents are not always appropriate due to extensive disease process. For example, resident #1 had disfiguring head and neck cancer.~~  
 Photographs have been obtained on all subsequent residents, either from family photos, or by the facility polaroid camera. All photos will be attached to the Resident Information Sheet and kept as a permanent part of the medical record. Any photo deemed as "undignified" will be attached to the form backward so as to respect the privacy and dignity of the resident.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen M Paris CEO Date 4/30/12

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 The above plan of correction was approved by SE (Initials)

Signature of Legal Entity Representative 5-8-12 (Date)

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 Partially Implemented - Adequate Progress  
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 Not Implemented