

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LINDA E. BRANDON
LEGAL ENTITY

To operate FAMILY PINES PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at P.O.BOX 455, 11293 ROUTE 422, ELDERTON, PA 15736
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
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 April 20, 2012 until April 20, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426710

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

MAY 24 2012

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

Ms. Linda E. Brandon, Administrator
Family Pines Personal Care Home
P.O. Box 455, 11293 Route 422
Elderton, Pennsylvania 15736

Dear Ms. Brandon:

As a result of the Department of Public Welfare's licensing inspection on April 9, 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 be 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: FAMILY PINES PERSONAL CARE HOME		License Number: 426710
Address: P O BOX 455 11293 ROUTE 422, ELDERTON, PA 15736		County: Armstrong
Administrator: Linda Brandon		Region: WEST
Legal Entity Name: LINDA E BRANDON		
Legal Entity Address: PO BOX 455 11293 ROUTE 422, ELDERTON, PA 15736		
Certificate(s) of Occupancy C-3 SP 11/23/1988 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/09/2012: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, If Applicable		
<p>RECEIVED</p> <p>Western Field Office Adult Residential Licensing</p>		
Other Details		
Partial or Full Triggers: 93a, 64c		Random Indicators: 28c, 41d, 109d, 183f, 201
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: 	Number of Residents who: 	

Violation Report: 42671 - 04/09/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, completed only 9 hours of annual training in training year 1/1/2011 - 12/31/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Staff person A - will have made up 24 hours of the Annual training.

March 27 - 2012 6 hours. Introduction to the RC and the RASP, Prescreening and DME. Training location Ebensburg Center

April 17 - 2012 - 6 hours. Developing Comprehensive Assessment and Support Plans. Altoona Pa. Temple University

April 27 - 2012 2 hours - Dual Diagnosis: An overview of Intellectual Disabilities and Co-occurring Mental Illness Arnsdale Administration Suite 105, Kittanning Pa.

May 2 - 2012 - 2 hours - Food Safety Community Health Center The Barton Commons 120 Hollywood Drive Suite 201, Butler Pa. 16001

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By 12/31/12 The administrator will complete a total of 39 administrator training hours. 24 for 2012 and 15 to make up for 2011 hours missed. MS 57412

Western Field Office Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative, (Required on EVERY Page) Linda Brandon

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Brandon Administrator Date 4-23-2012

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

The above plan of correction is approved as of _____ (Date)

Verification of Legal Entity Representative Signature _____ (Date)

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

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

Violation Report: 42671 - 04/09/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.65(g) - 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.
- (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.

2. DESCRIPTION OF VIOLATION

Staff person B did not receive training in resident rights, OAPSA and falls and accident prevention during training year 1/1/2011 - 12/31/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

*received training on residents right 4-23-12
 Fall prevention and accident prevention - 4-24-12
 [New criminal background checks will be obtained
 by May 3-2012]*

*By 9/30/12 Administrator will review all staff
 training to ensure that training in the
 required topics is completed for
 all staff for 2012.*

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jm 5/4/12

Western Field Office
 Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Brandon Administrator* Date *4/23/12*

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

The above plan of correction is approved as of 5/4/12
 (Date)

Verification of Legal Entity Representative Signature 5/4/12
 (Date)

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

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

Violation Report: 42671 - 04/09/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2. DESCRIPTION OF VIOLATION

The outside steps that lead down the hill along side of the home and the ramp that leads out of the kitchen on to the porch do not have railings.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

4-12-12 - The outside steps that lead down the hill along side of the home did have rails put up and also have been blocked off at the top.
 4-12-12 Hand rail that leads out of the kitchen on to the porch had hand rail installed.

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Western Field Office
 Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda Braden*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Braden Administrator* Date *4-23-12*

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

The above plan of correction is approved as of 5/4/12
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Verification of Legal Entity Representative Signature _____
 (Date)

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

Violation Report: 42671 - 04/09/2012 - McConnell, Deb

1. REGULATION 55 Pa. Code §2600
102a There shall be at least one functioning flush toilet for every six or fewer users, including residents, staff persons and household members.

2. DESCRIPTION OF VIOLATION
On 4/9/12, the home served 8 residents. On that date, there were 5 staff persons and family members in the home for a total of 13 users. The home has only 2 functioning flush toilets for a ratio of 1toilet to 6.5 users.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Do not have 5 staff persons. I have 2. That is...
Home will have another full bath in 6 months
Have only 8 residents
4-27-12 2 ambulatory residents may bathroom downstairs until full bath is completed

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APR 8 2012
Western Field Office
Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon Administrator* Date *4-23-12*

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

The above plan of correction is approved as of 5/4/12
(Date)

Verification of Legal Entity Representative Signature 5/4/12
(Date)

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

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

Violation Report: 42671 - 04/09/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.102(b) - There shall be at least one sink and wall mirror for every six or fewer users including residents, staff persons and household members.

2. DESCRIPTION OF VIOLATION

On 4/9/12, the home served 8 residents. On that date, there were 5 staff persons and family members in the home for a total of 13 users. The home has only 2 sinks for a ratio of 1 sink to 6.5 users.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Do not have 5 staff. I have 2. That is.
Home will have another full bath in 6 months
Have only 8 residents
4-27-12 2 ambulatory residents may use bathroom
down stairs, until 2nd bathroom is
completed.

Jr 5/4/12

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APR 28 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

Linda Brandon

Date 4-23-12

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

The above plan of correction is approved as of

5/4/12
(Date)

Verification of Legal Entity Representative Signature

5/7/12
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 42671 - 04/09/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the residents needing assistance in evacuation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Letter was written on 4-10-12. Letter was given to [redacted] on 4-12-12

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7

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Linda Brandon

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Linda Brandon Administrator

Date

4-23-12

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

The above plan of correction is approved as of _____ (Date)

Verification of Legal Entity Representative Signature _____ (Date)

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

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

Violation Report: 42671 - 04/09/2012 - McConnell, Deb

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 fire drill conducted during sleeping hours was on 7/12/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 fire drill will be held during sleeping hour every 6 months. Fire drill was held on 4-13-12 @ 5:30AM. Next fire drill is scheduled for 10-2-12. on calendar

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7

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

Linda Brandon Administrator

Date *4-23-12*

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

The above plan of correction is approved as of

5/4/12
(Date)

Verification of Legal Entity Representative Signature

5/4/12
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 42871 - 04/09/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 8/25/11, does not indicate the resident's level of care.

The medical evaluation for resident #2, dated 10/20/11, does not indicate if the resident is able to self-administer medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 medical evaluation for resident #1 has been indicated
Date violation was taken care of 4-10-12*

*The medical evaluation for resident #2 has indicated
that [redacted] can self-administer medications with assistance
in opening container in locked storage area. 4-10-12*

*By 6/30/12, the administrator will renew the current
medical evaluations of all residents to ensure all
areas are completed.*

*By 6/30/12 the administrator will review
all new medical evaluations after physician
has returned them to ensure they are complete.*

*Any evaluation form with missing information
will be returned to the physician for completion.*

Jan 5/4/12

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Western Field Office
Adult Residential Licensing

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/23/2011

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

Linda Brandon Administrator

Date *4-23-12*

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

The above plan of correction is approved as of

5/4/12
(Date)

Verification of Legal Entity Representative Signature

(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 42671 - 04/09/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2. DESCRIPTION OF VIOLATION

Residents #1 and #2 have not been educated to the residents' right to refuse medication if the resident believes that there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

*Resident #1 and #2 have signed the residents right to refuse medication if the resident believes that there may be an error. 4-10-12
(44) was added to the residents sheets, to ensure each new resident is educated to refuse medication if they believe its in error.*

RECEIVED

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

Linda Brandon

Date *4-23-12*

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

The above plan of correction is approved as of

5/4/12
(Date)

Verification of Legal Entity Representative Signature

5/4/12
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 42671 - 04/09/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

2. DESCRIPTION OF VIOLATION

The most recent assessment completed for resident #1 was 1/15/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

*Resident #1 will be completed on 4-24-12
 on RASP will be updated yearly or if a significant
 change.
 A monthly check list for the following DME, RASP
 and MA-51 will be performed to check for
 changes and updates.*

RECEIVED

Western Field Office
 Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda Brandon* Date *4-24-12*

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

The above plan of correction is approved as of 5/4/12
 (Date)

Verification of Legal Entity Representative Signature 5/4/12
 (Date)

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

The above plan of correction was approved by *[Signature]*
 (Initials)