

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ALBRIGHT CARE SERVICES

LEGAL ENTITY

To operate RIVERVIEW MANOR

NAME OF FACILITY OR AGENCY

Located at 3201 RIVER ROAD, LEWISBURG, PA 17837

(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 100
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 19, 2012 until May 19, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202980

Robert E. Robinson

ISSUING OFFICER

R. C. King

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 03 2012

Ms. Jacqueline Dancho, Treasurer/CFO
Albright Care Services
90 Maplewood Drive
Lewisburg, Pennsylvania 17837

RE: Riverview Manor
3201 River Road
Lewisburg, Pennsylvania 17837

Dear Ms. Dancho:

As a result of the Department of Public Welfare's licensing inspection on April 12, 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.

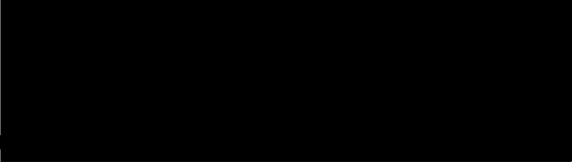

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: RIVERVIEW MANOR		License Number: 202980
Address: 3201 RIVER ROAD, LEWISBURG, PA 17837		County: Union
Administrator: Melissa Bowersox		Region: NORTH
Legal Entity Name: ALBRIGHT CARE SERVICES		
Legal Entity Address: 90 MAPLEWOOD DRIVE, LEWISBURG, PA 17837		
Certificate(s) of Occupancy C-2 LP 07/10/1991 Department of L&I		
Staffing Hours Resident Support: Total Daily Staff: 58 Waking Staff: 44		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/12/2012: Hummel, Jesse; Rushin, Julienne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details: Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 58 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 		

Violation Report: 20298 - 04/12/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. DESCRIPTION OF VIOLATION

On 4/12/12 the homes current licensing inspection summary from 4/28/11 was not posted in a public and conspicuous place within the home.

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.

- On 4/12/12 the Licensing Inspection Summary from 4/28/11 was posted on the bulletin board inside the main entrance of the Home.
- Administrator/Designee will Assure that all violation reports are posted in a conspicuous and public place in the home.
- Administrator will add to quality management plan to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Bowersox PCHA

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

Melissa Bowersox

Date


4-23-12

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


The above plan of correction is approved as of

4-25-12
(Date)

Verification of Legal Entity Representative Signature

4-25-12 
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 20298 - 04/12/2012 - Hummel, Jesse

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 contracts for resident #1, 2, 3, 4, 5, and 6 were not signed by the payer.

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 contracts for residents 1, 2, 3, 4, 5 and 6 have been signed by the payer.
- Administrator/Administrative Assistant will ensure all resident contracts are signed by the payer if applicable.
- Administrator will add to quality management plan to ensure compliance.
- The Adm will conduct an audit of all resident contracts to insure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Bowersox RCHA

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

Melissa Bowersox


Date 4-23-12

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

The above plan of correction is approved as of

08
(Date)

Verification of Legal Entity Representative Signature

4-25-12 
(Date)

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

The above plan of correction was approved by

4-25-12
(Initials)

Violation Report: 20298 - 04/12/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION

Staff person A completed the Medication Administration Annual Practicum on 11/13/10. In order to continue administering medications Staff person A would have been required to complete an Annual Practicum by 11/13/11. Staff person A did not complete the Annual Practicum until 2/1/12. Staff person A regularly administers medications to residents.

Staff person B completed the Medication Administration Annual Practicum on 2/5/10. In order to continue administering medications Staff person B would have been required to complete the Annual Practicum by 2/5/11. Staff person B did not complete an Annual Practicum until 2/8/12, and therefore did not complete any medication training for the 2011 calendar year. Staff person B regularly administers medications to residents.

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 development Coordinator and Clinical Coordinator/Practicum Observer will complete Staff Annual practicums within the training year per Regulation 182 b.
- Administrator will add to Quality Management Plan to ensure compliance, Adm or Clinical Coordinator/Practicum observer will review med training documents for all staff that are med trained in order to insure compliance. Any other staff that need training will be provided w/ same.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/28/2011	
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Signature of Legal Entity Representative (Required on EVERY Page) *Melissa Bowersox PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Bowersox</i>	Date <i>4-23-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>4-25-12</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Verification of Legal Entity Representative Signature <u>4-25-12</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" 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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