

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WATSON MEMORIAL HOME

LEGAL ENTITY

To operate WATSON MEMORIAL HOME

NAME OF FACILITY OR AGENCY

Located at 1200 CONEWANGO AVENUE, WARREN, PA 16365

(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 25
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 3, 2012 until May 3, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 444120

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 24 2012

Mr. Ken Holtz, President
Watson Memorial Home
120 Conewango Avenue
Warren, Pennsylvania 16365

Dear Mr. Holtz:

As a result of the Department of Public Welfare's licensing inspection on April 17, 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.

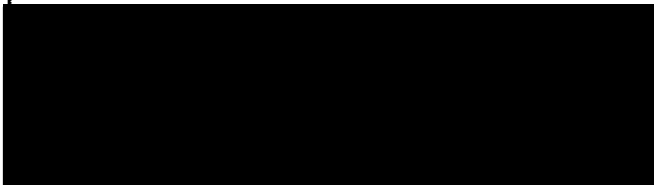
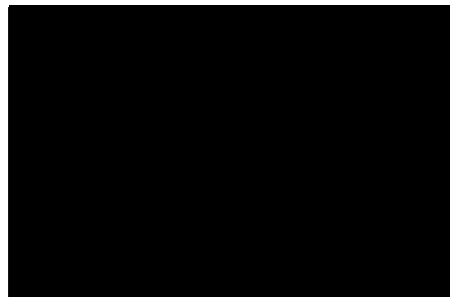
Sincerely,

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: WATSON MEMORIAL HOME		License Number: 444120
Address: 1200 CONEWANGO AVENUE, WARREN, PA 16365		County: Warren
Administrator: Lynn Parker		Region: WEST
Legal Entity Name: WATSON MEMORIAL HOME		
Legal Entity Address: 1200 CONEWANGO AVENUE, WARREN, PA 16365		
Certificate(s) of Occupancy LP 04/05/1982 L&I		
Staffing Hours	Total Daily Staff: 24	Waking Staff: 18
Resident Support: 0		Notice: Unannounced
Type of Inspection: Full	BHA Docket Number:	
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/17/2012: Phillips, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAY 2 2012</p> <p>Western Field Office Adult Residential Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 23 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 44412 - 04/17/2012 - Phillips, Joseph

1. REGULATION 55 Pa.Code §2600

2600.29(a) - If a personal care home elects to provide assistance with IADLs or ADLs for a resident who receives hospice care and services in accordance with § 2600.29 (relating to hospice care and services), the home shall provide for the resident's personal care needs, as well as meet the needs directed by the hospice agency for the time period that hospice service staff are not physically present in the home, and in accordance with the resident's medical evaluation, assessment and support plan.

2. DESCRIPTION OF VIOLATION

Resident #1 was on hospice and in the active dying process. During the fire drill conducted on 11/3/11 at 10:30 a.m. the resident was not evacuated. The home has not obtained written informed consent from the resident; resident's power of attorney for health care, resident's legal guardian or resident's health care representative that the resident is not to evacuate during a fire drill.

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.

All Hospice residents and (or) their designated person(s) will be given a informative package, at the time Hospice is engaged, that lists Regulation 2600.29, the RCG explanation and a statement asking what their wishes are for fire drill evacuations.

Copy of package is attached.

RECEIVED

MAY 2

Western Field Office
Adult Residential Licensing

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LYNN M. PARKER ADMINISTRATOR* Date *05/01/2012*

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

The above plan of correction is approved as of 5-3-12
(Date)

Verification of Legal Entity Representative Signature 5-1-12
(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: 44412 - 04/17/2012 - Phillips, Joseph

1. REGULATION 55 Pa.Code 52600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 4/14/11 does not include the number of residents evacuated.

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.

Procedure added to Fire Drill Log on 04/2012 (attached) states: Employee(s) must verify that all items are completed on the fire drill log before they endorse the log with their signature(s)

5-30-12 The Administrator will review the fire drill record monthly to ensure all required documentation has been completed. 5-9-12 g

RECEIVED

MAY 2 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) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LYNN H. PARKER ADMINISTRATOR* Date *05/2/2012*

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

The above plan of correction is approved as of 5-2-12
(Date)

Verification of Legal Entity Representative Signature 5-2-12
(Date)

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

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