

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE VILLAGE AT MORRISONS COVE

LEGAL ENTITY

To operate THE VILLAGE AT MORRISONS COVE

NAME OF FACILITY OR AGENCY

Located at 425 SOUTH MARKET STREET, MARTINSBURG, PA 16662

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 11
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 18, 2012 until May 18, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 303890

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

JUN 25 2012

Mr. Corey Jones, CEO
The Village at Morrisons Cove
429 South Market Street
Martinsburg, Pennsylvania 16662

RE: The Village at Morrisons Cove
425 South Market Street
Martinsburg, Pennsylvania 16662

Dear Mr. Jones:

As a result of the Department of Public Welfare's licensing inspection on April 26, 2012 and May 3, 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', with a long horizontal line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 30389 - 04/26/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2. DESCRIPTION OF VIOLATION

Mecizine, 25 mg. for resident #1 had an expiration date of 4/1/12.

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.

Medication was immediately disposed of.	04/26/2012
Reeducate staff to not having expired medications in the home.	06/29/2012
Audit the medication cart for expired medications weekly for four months, then monthly for three months, and then quarterly.	ongoing

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Heather Rosamilia, Administrator Date 5/30/12

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

The above plan of correction is approved as of 6-15-12
(Date)

Signature of Legal Entity Representative 6-15-12
(Date)

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

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

Violation Report: 30389 - 04/26/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.167(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nats (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2. DESCRIPTION OF VIOLATION

The April 2012 medication administration record for resident #2 did not document *milk of magnesia* which was prescribed by the physician.

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.

Medication was immediately disposed of. 04/26/2012
 Reeducation of staff that only medication that is prescribed by physician is stored. 06/29/2012
 Audit of medications will be conducted weekly for four weeks, then monthly for three months, ongoing
 and then quarterly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Rosamilia, Administrator Date 5/30/12

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

The above plan of correction is approved as of 6-15-12
(Date)

Signature of Legal Entity Representative 6-15-12
(Date)

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

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

Violation Report: 30389 - 04/26/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #1 was prescribed *Tessalon Perle, 100 mg.* and *Lortab, 5-500 tablets.* Both medications were not available 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.

Physician was called immediately and the physician discontinued the medications 04/26/2012
 Reeducation of staff on having medications available. 06/29/2012
 Audit of medication record and cart will be conducted weekly for four weeks, then monthly for three months, and then quarterly. ongoing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Rosamilia, Administrator* Date *5/30/12*

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

The above plan of correction is approved as of 6-15-12 (Date)

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

Signature of Legal Entity Representative 6-15-12 (Date)

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