

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ADVANCED PERSONAL CARE HOME, INC

To operate ADVANCED PERSONAL CARE HOME

Located at 245 CENTER STREET, PO BOX 5, CLARKSVILLE, PA 15322

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 39
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 20, 2012 until May 20, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 440480

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

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

JUL 23 2012

Ms. Georgetta Stotka, Co-Owner/Administrator
Advanced Personal Care Home, Inc.
Advanced Personal Care Home
P.O. Box 5, 245 Center Street
Clarksville, Pennsylvania 15322

Dear Ms. Stotka:

As a result of the Department of Public Welfare's licensing inspection on May 16, 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: 44048 - 05/15/2012 - Pollock, Susan

PCH Name: ADVANCED PERSONAL CARE HOME

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 5/16/12 the home's current violation report, dated 5/19/11, was not posted in a conspicuous and public place in the home. The posted violation report was dated 7/23/10.

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 homes most recent violation report was immediately placed in the front entrance hallway which is a conspicuous and public place. Now and in the future all current violation reports will be posted immediately in a public and conspicuous place.

7-30-12 - The administrator or designated staff person will check at least weekly to ensure all violation reports required under regulation 2600.3c are posted in a public and conspicuous place. 7-9-12g

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Georgetta Stotka

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

Georgetta Stotka

Date *7-6-12*

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

The above plan of correction is approved as of

7-9-12
(Date)

Verification of Legal Entity Representative Signature

7-9-12
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *7-9-12g*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44048 - 05/15/2012 - Pollock, Susan
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2. DESCRIPTION OF VIOLATION

The ramp leading from the back deck of the home does not have a non-skid surface.

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 non skid surface on the ramp leading from the back deck of the home was repaired and replaced by the maintaince person before inspectors left the personal care home the day of the inspection.

Now and in the future all non skid surfaces will be in place and in good repair

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 Adult Residential Licensing

* Photos enclosed

7-9-12 - The Administrator will check the home at least monthly to ensure all areas regarding non-skid surfaces are non-skid surfaces. 7-20-12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka* Date *7-6-12*

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The above plan of correction is approved as of 7-9-12 (Date)

Verification of Legal Entity Representative Signature 7-9-12 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *7-9-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44048 - 05/15/2012 - Pollock, Susan
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2. DESCRIPTION OF VIOLATION

The bathroom across from bedroom #10 has loose grab bars that wobbled approximately an inch each direction.

The railing for the back deck steps is splintered. These steps are used as an emergency exit route for the residents and the splintered hand rails poses a hazard.

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 loose grab bars were tightened immediately.
 On 6-12-12 the grab bars were replaced with new type. Now and in the future all grab bars will be tightened so they cannot wobble.

The railing on the back deck was replaced. Now and in the future all wood on the back deck will be kept in good repair as to not pose a hazard for anyone.

* Pictures attached

7-30-12 The Administrator or designated staff person will check all grab bars and railings at least monthly to ensure they are in good repair and do not pose a hazard. 7-9-12g

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 Adult Residential Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta Slotka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Slotka* Date *7-6-12*

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Violation Report: 44048 - 05/15/2012 - Pollock, Susan
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2. DESCRIPTION OF VIOLATION

The bed on the left hand side of bedroom #14 does not have a bedside lamp or source of light that can be turned on/off from bedside.

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 touch lamp was placed adjacent to the head of the bed so that it can be reached and turned off/on from bedside.

7-30-12 The administrator or designated staff person will check the home at least weekly to ensure each bed has a bedside light or source of light that can be turned on/off at bedside 7-9-12

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 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) *Georgetta Stotke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Georgetta Stotke</i>	Date <i>7-6-12</i>
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The above plan of correction was approved by <u>CS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>7-9-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44048 - 05/15/2012 - Pollock, Susan
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2. DESCRIPTION OF VIOLATION

On 5/16/12 at 3:15 p.m. there was a plate of thirteen waffles, leftover from the 8:00 a.m. breakfast, sitting uncovered and unlabeled in the homes microwave in the main kitchen area.

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 was re-trained on proper food storage. Staff training list is enclosed.
 7-30-12 - The Administrator or designated staff person will check the kitchen and all food storage areas to ensure all leftover food is labeled and dated. 7-9-12

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 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) *Georgetta Stotka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka* Date *7-6-12*

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>7-9-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44048 - 05/15/2012 - Pollock, Susan
 PCH Name: ADVANCED PERSONAL CARE HOME

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 home conducted a sleeping hour fire drill on 8/18/11 at 1:15 a.m. The next sleeping hour fire drill was not conducted until 4/25/12 at 12:35 a.m.

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 sleeping fire drill will be conducted once every six months in the future.

Our last sleeping fire drill was 4-25-12, we will hold another sleeping fire drill the first week of October.

7-30-12 The Administrator will monitor the fire drill record to ensure a sleeping hour fire drill at least every six months. 7-9-12

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 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Georgetta Stotke

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

Georgetta Stotke

Date 7-6-12

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 (Date)

Verification of Legal Entity Representative Signature 7-9-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 7-9-12
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44048 - 05/15/2012 - Pollock, Susan
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2. DESCRIPTION OF VIOLATION

Resident #1's initial medical evaluation, dated 2/22/12, does not include the specialized health care need of hospice which the resident began receiving on 11/9/11.

Resident #2's initial medical evaluation, dated 10/25/11, does not include the specialized health care need of hospice which the resident began receiving on 4/20/11.

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's medical evaluation was re-done to include the specialized health care needs of hospice.

Resident 2's medical evaluation was re-done to include the specialized health care needs of hospice.

Now and in the future the administrator will assure all medical evaluations include all pertinent information.

7-30-12 The Administrator or designated staff person will review all current medical evaluations for accuracy and completion. 7-9-12

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 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

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Georgetta Stotka

Printed Name and Title of Legal Entity Representative
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Georgetta Stotka

Date 7-6-12

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7-9-12
 (Date)

Verification of Legal Entity Representative Signature

7-9-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *7-9-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 44048 - 05/15/2012 - Pollock, Susan
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

- 2600.187(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 nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

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 Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

Resident #2's MAR does not include a diagnosis or purpose for; Diabetic Tussin Ex, Albuterol, Triple Antibiotic Ointment and Nystatin/Triamcin.

Resident #4 is prescribed Humalog 100 units/ML on a sliding scale. Resident #4's medication administration record (MAR) does not indicate the dose of Humalog administered, route or site of administration from 5/1/12 to 5/16/12.

Resident #5 is prescribed Humalog 100 units/ML on a sliding scale. Resident #5's MAR does not indicate the dose of Humalog administered, route or site of administration from 5/9/12 to 5/16/12.

Resident #7's MAR does not include a diagnosis or purpose for Pro Air HFA and Lopressor.

Resident #8's MAR does not include a diagnosis or purpose for Azithromycin and Terbinafine HCL.

Resident #9's MAR does not include a diagnosis or purpose for Benzonatate.

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 MARs have been corrected to include diagnosis or purpose for all medications. Resident 4's MARs were corrected to include dose administered & route or site of injection, administration. Now and in the future all MARs will include all pertinent information. All staff attended and received their annual diabetic training.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Slotke* Date *7-6-12*

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Violation Report: 44048 - 05/15/2012 - Pollock, Susan
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2. DESCRIPTION OF VIOLATION

The home's current home rules state "This is a non-smoking home. Residents may smoke outside only and only in the designated area(s). \$100.00 fine for smoking in the home for the first offense. Second offense \$150.00."

The home's current home rules state "Residents are to take medication as prescribed. Refusal to take prescribed medication is reason for discharge."

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 home rules were modified so as not to cause any form of restraint or seclusion to any resident.

RECEIVED

JUL 7 2012

Western Field Office
 Adult Residential Licensing

Withdrawn

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Georgetta Stotke

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

Georgetta Stotke

Date *7-6-12*

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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