

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DONALD WHITEHEAD

LEGAL ENTITY

To operate WHITEHEAD PERSONAL CARE HOME II

NAME OF FACILITY OR AGENCY

Located at 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697

(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 17
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 28, 2012 until May 28, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428140

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

JUL 27 2012

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

Ms. Dorothy A. Whitehead, Owner/Administrator
Donald Whitehead
Whitehead Personal Care Home II
517 South 9th Street
Youngwood, Pennsylvania 15697

Dear Ms. Whitehead:

As a result of the Department of Public Welfare's licensing inspection on May 22, 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 "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42814 - 05/22/2012 - Ropon, Dennis
 PCH Name: WHITEHEAD PERSONAL CARE HOME 11

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 3/6/12. Direct care staff person A does not of high school diploma, GED and is not active registry status on the PA nurse aide registry.

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.

DCS person A submitted the following to us: An affidavit signed and notarized attesting to the attendance of 12th grade. In the future the administrator will record required dates in the master time book, which is located in the office

7-2-12 STAFF person A was dismissed from employment for failure to provide documentation of educational requirements 7-2-12

7-30-12-The Administrator or designated staff person will review ALL STAFF records to ensure ALL STAFF persons meet the educational requirements. 7-10-12

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dennis McLean*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dennis McLean* Date *6-25-12*

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

The above plan of correction is approved as of	<u>7-10-12</u> (Date)	Plan of correction implementation status as of <u>7-10-12</u> (Date)
		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>7-10-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by,	<i>[Signature]</i> (Initials)	

Violation Report: 42814 - 05/22/2012 - Roan, Dennis
 PCH Name: WHITEHEAD PERSONAL CARE HOME II

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.

2a. DESCRIPTION OF VIOLATION

Resident #1's medication administration record does not indicate the administration of Valproic Acid 250mg/5ml solution from 5/1/12 through 5/22/12.

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.

This documentation error was immediately corrected. Please see attached MAR for June. We have now transitioned to the EMAR system. This system has electronic safeguards built into it. The reports will be viewed after by administration. The administrator will review Resident orders in the EMAR system monthly.

7-30-12 All staff persons administering medications will be educated on the proper procedures for documenting medication administration 7-10-12

7-30-12 A staff person qualified to administer medications will review all MARs at least monthly to ensure the proper documentation of medication administration

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Donna McLean

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

Donna McLean

Date

06-25-12

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The above plan of correction is approved as of

7-10-12
 (Date)

Plan of correction implementation status as of *7-10-12*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *7-10-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

DM
 (Initials)