

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUSAN MURPHY

LEGAL ENTITY

To operate SUSAN'S VICTORIAN COTTAGE

NAME OF FACILITY OR AGENCY

Located at 111 HYDRANGEA LANE, MT. PLEASANT, PA 15666

(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 16
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 June 9, 2012 until June 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428900

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

JUL 23 2012

Ms. Susan Murphy, Administrator
Susan's Victorian Cottage
111 Hydrangea Lane
Mt. Pleasant, Pennsylvania 15666

Dear Ms. Murphy:

As a result of the Department of Public Welfare's licensing inspection on June 2, 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: 42890 - 06/02/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2. DESCRIPTION OF VIOLATION

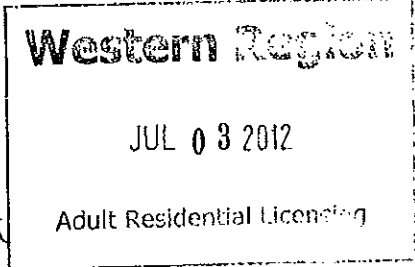
The administrator's personal outside trash can and two of the home's outside trash cans did not have a lid.

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.

6/30/12 Lid disappearance is an ongoing problem as I'm sure it is for everyone. Staff has been instructed to never use a can if it doesn't have a lid and to make sure the lid fits the can securely. A Wal-Mart Supervisor gave me a free lid as they had no can to fit it.

By 7/15/12 Administrator will ensure that all trash is covered with a lid. A designee will check daily to see trash is covered with a lid and the administrator will check at least weekly,
 J 7/6/12



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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan Murphy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **SUSAN MURPHY** Date **6-30-12**

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

The above plan of correction is approved as of 7/6/12 (Date)

Verification of Legal Entity Representative Signature 7/6/12 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42890 - 06/02/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2. DESCRIPTION OF VIOLATION

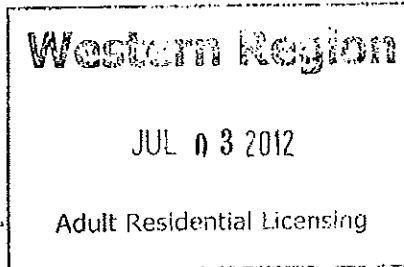
The home does not have procedures for accounting for missing medications.

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.

6/30/12 The home initiated a policy not to accept orders for narcotic or controlled substances. We use the Meds-On-Time medication system and if a pill or dose is lost or soiled the pharmacy is notified to replace the missing dose.

Immediately - The administration will ensure that all residents who are prescribed narcotic medications receive their medications as prescribed and that medications are available to residents as prescribed.



By 7/31/12, and monthly thereafter, the administrator will perform a quality assurance review of narcotic medications to ensure residents receive these medications timely and as prescribed.

2/6/12

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

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)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42890 - 06/02/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION
 According to the medication administration record (MAR), on 6/1/12, staff person A, and on 6/2/12, staff person B, who have not successfully completed the Department-approved medications administration course, administered medications to residents of 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.
 Both staff person A and B did complete the Med Admin course but did not have documentation of their observations. Staff person A quit her job on 06-18-12 and staff person B retok the Med Admin Class and test on 06-29-12. (Please provide me with information on how often these observations need to be done and information on how I, as an RN, can become certified to do these observations.)

By 7/31/12 - The administrator will review all staff qualifications for staff who administer medications to ensure they have successfully completed the Department's performance-based competency test and have had a documented observed practicum at least annually.

Western Region
 JUL 13 2012
 Adult Residential Licensing

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 7/6/12 (Date)
 Verification of Legal Entity Representative Signature 7/6/12 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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