

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WASHINGTON MANOR PERSONAL CARE HOME LLC

LEGAL ENTITY

To operate WASHINGTON MANOR PERSONAL CARE HOME LLC

NAME OF FACILITY OR AGENCY

Located at 320 S. WASHINGTON ST., POB 1935, BUTLER, PA 16003

(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 July 2, 2012 until July 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448630

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

JUL 23 2012

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

Ms. Kathleen Dougherty, Administrator
Washington Manor Personal Care Home, LLC
P.O. Box 1935, 320 South Washington Street
Butler, Pennsylvania 16003

Dear Ms. Dougherty:

As a result of the Department of Public Welfare's licensing inspection on June 15, 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.

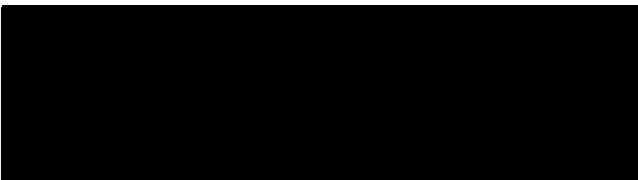
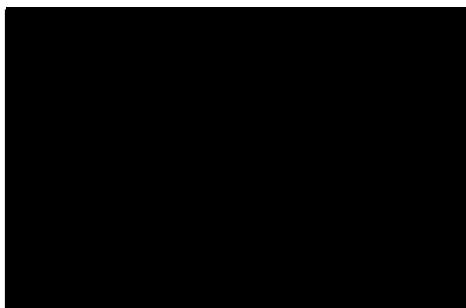
Sincerely,

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 2800**

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 448630
Address: 320 S WASHINGTON ST POB 1935, BUTLER, PA 16003		County: Butler
Administrator: Kathleen Daughery		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		
Certificate(s) of Occupancy C-2 LP 07/24/1985 L&I		
Staffing Hours Resident Support: 24 Total Daily Staff: 48 Waking Staff: 36		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/15/2012: Ropon, Dennis; Finner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUN 29 2012</p> <p>Western Field Office Adult Residential Licensing</p>		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 24 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 44883 - 06/15/2012 - Rojon, Dennis
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

RECEIVED

1. REGULATION 56 Pa.Code §2800
 2800.26(a) - The home shall establish and implement a quality management plan.

JUL 5 2012

2a. DESCRIPTION OF VIOLATION
 The home did not conduct a quality management review in 2011.

Western Field Office
 Adult Residential Licensing

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 has a Quality Management Team that conducts several meetings / reviews annually. On the date of inspection (06-15-12) the Administrator was unable to locate the Quality Management file. The file has now been located with meeting dates from 2008 - 2012. The dated and signed 2011 Quality Management Team papers are faxed with this plan of correction. The Quality Management Team has created four new files to better address regulation code 2600.26. The four new files are: ① Training Plan for Staff to review that all staff are current on required trainings; ② Complaint File - to look at any complaint and make changes if it has merit; ③ Reportable Incident and Condition reporting procedures - to review all incidents, ensure proper reporting etc; and lastly ④ Licensing Violations File - to review that past violations are not reoccurring and correct plan is working. Our home has no Resident or Family Councils so no file created for that area.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kathleen Dougherty, Administrator Date 06-27-12

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

The above plan of correction is approved as of <u>7-5-12</u> (Date)	Plan of correction implementation status as of <u>7-5-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented 7-5-12g <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44863 - 08/15/2012 - Royon, Dennis
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

RECEIVED

1. REGULATION 55 Pa.Code §2800

2800.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults)

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 12/13/11, does not have a criminal history background clearance completed.
Direct care staff person B, hired 8/22/11, does not have a criminal history background clearance completed.

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 care home policy on criminal background checks was being conducted through an internet service we believed to be acceptable. After being informed that this internet service was not acceptable the care home sent out forms for PA state police background checks. For addition using the online PA state police website a criminal background check for staff person B was conducted; staff person A provided a copy of her criminal clearance from her employment at another home. Both criminal clearances are being sent with this plan of correction. In the future the administrator will review all criminal clearances to ensure they're through the PA state Police. In addition through the local Agency on Aging a staff training will be done on the "Older Adult Protective Services Act" that has an Act 84 section which applies to this plan of correction.
NOTE: STAFF MEMBER A no longer works at our home; went full-time at other home.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kathleen Dougherty

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) KATHLEEN DOUGHERTY, ADMINISTRATOR

Date Originally faxed: / Re-faxed:
06-27-12 / 07-03-12 with staff route B.S Inform

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(Date)

Plan of correction implementation status as of 7-5-12
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 7-5-12
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44583 - 06/16/2012 - Roan, Dennis
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

RECEIVED

1. REGULATION 65 Pa.Code §2600
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

JUL 5 2012

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, hired 12/13/11, does not have a criminal history background clearance completed.
Direct care staff person B, hired 8/22/11, does not have a criminal history background clearance completed.

Western Field Office
Adult Residential Licensing

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 care home policy on criminal background checks was being conducted through an internet service we believed to be acceptable. After being informed that this internet service was not acceptable the care home sent out forms for PA state police background checks. In addition using the online PA state police website a criminal background check for staff person B was conducted; staff person A provided a copy of her criminal clearance for employment from the other care home she is employed. Both criminal clearances are being sent with this plan of correction. In the future the administrator will review all criminal clearances to ensure they're through the PA state police. In addition through the local Agency on Aging a staff training will be done on the "older Adult Protective Services Act" that has an Act 34 section which applies to this plan of correction.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty, Administrator* Date *06-27-12*

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Violation Report: 44883 - 06/16/2012 - Ropot, Dennis
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The left armrest of the sofa in the sunroom is torn exposing the foam cushion.

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 sofa was removed from the sunroom on 06-21-12.
 To prevent future repeats of this violation, "Furniture condition" has been added as a category on the already existing physical site checklist. The checklist is done daily by the manager and the administrator will review the checklist monthly for accuracy on furniture condition.

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JUN 25 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) <i>Kathleen Dougherty</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Dougherty, Administrator</i>		Date <i>06-27-12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>7-5-12g</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 44863 - 06/15/2012 - Roop, Dennis
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa. Code 52600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

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2a. DESCRIPTION OF VIOLATION

The fire safety expert specified a safe evacuation time of 2 minutes and 30 seconds. The home's fire drill exceeded the specified safe evacuation time as follows:

- 3/10/12 - 2 minutes and 44 seconds.
- 4/9/12 - 3 minutes and 4 seconds.
- 4/24/12 - 3 minutes and 22 seconds.
- 5/6/12 - 3 minutes and 54 seconds.

Western Field Office
Adm. Residential Licensing

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.

• Fire drill evacuation times have fluctuated from 2 minutes 5 seconds to 3 minutes 54 seconds. The Quality Management Team conducted a meeting on 06-19-12 to focus on this concern. The QMT determined that evacuations that exceeded 2 min 30 seconds occurred mainly with new staff members. As a result the QMT has scheduled a fire evacuation review with all staff members for Friday July 6, 2012 to discuss evacuation routes, mobility concerns and fire safety areas. This meeting will be conducted before the July 9th fire drill to ensure the time of 2 minutes, 30 seconds is met. The Home will conduct two fire drills for 3 months and beyond, if necessary, to make sure the 2 minutes, 30 seconds is met consistently.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty, Administrator* Date *06-27-12*

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(Date)

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

Plan of correction implementation status as of 7-5-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *7-5-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44883 - 06/15/2012 - Ropon, Dennis
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #2's initial medical evaluation, dated 11/3/11, does not include a mobility assessment.

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 #2 is very mobile and active. The ~~MA~~ ^{medical evaluation} states that Resident #2 needs minimal assistance which is incorrect. The Home has contacted the PCP for Resident #2 to get this mobility designation corrected. In addition our house PCP will review all ~~MA~~ ^{medical evaluations} for mobility accuracy and the administrator plus the manager will review every MA/Sl that is new for each resident after their PCP visit.

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Western Field Office
Adult Protective Services Licensing

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty, Administrator* Date *06-27-12*

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(Date)

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(Initials)

Plan of correction implementation status as of 7-5-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *7-5-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44883 - 06/15/2012 - Ripon, Dennis
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
 2800.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION:
 On 0/15/12 at approximately 9:45 a.m. the medication administration room was unattended and unlocked with the medication cart and a refrigerator with resident medications accessible to residents, including but not limited to resident #1, #2 and #3 in 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.

On the day of inspection the Mission Pharmacy representative that accompanied the manager of Washington Manor into the medication room was the last to exit and did not realize the door did not lock automatically. Regular staff has been excellent at keeping the door locked but as a precaution reminder signs to lock the door upon entry and exit have been posted on both sides of the medication room door. On the inspection date after the inspector, Mission Pharmacy Rep and care home manager left the med room is when the inspector discovered the door unlocked. The manager did lock it immediately afterwards and the QMT has decided to conduct a staff meeting on this issue plus check into installing an automatic lock if possible. Administration will conduct weekly door check as well.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	08/18/2011	05/05/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Dougherty*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen Dougherty, Administrator* Date *06-27-12*

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Violation Report: 44863 - 06/15/2012 - Repon, Dennis
PCN Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 65 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.

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2a. DESCRIPTION OF VIOLATION

Resident #4's PRN medications are not in the home available for administration as follows:

- Milk of Mag 30ml at bedtime as needed.
- Nitrostat .4mg dissolve 1 tab sublingual as needed every five- minutes.
- Zolpidem 5mg 1- tab by mouth at bedtime as needed.

Western Field Office
Adult Residential Licensing

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 new bottle of Milk of Magnesia 30ml has been placed in the medicine cart for Resident #4. The nitrostat 4mg and zolpidem 5mg has been discontinued by Resident #4's PCP on [redacted] recent appointment on 06-26-12. The administrator and manager will now conduct monthly PRN audits to check for availability and expiration dates. Signs have been posted in the med room that PRN medications are available to specified residents and a staff training on this issue has been added to the July schedule.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/05/2011
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty, Administrator* Date *06-27-12*

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Violation Report: 44863 - 06/15/2012 - Repon, Dennis
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa. Code §2600
2800.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

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2a. DESCRIPTION OF VIOLATION

Resident #1, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #4, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Western Field Office
Adult Residential Licensing

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 moved in on 06-12-12 and was picked up on a prior warrant while away from the care home by the City Police. Resident #1 returned to the home on 06-25-12 and has signed "Right to Question or Refuse a Medication". Resident #4 was educated on "right to question or refuse a medication" the evening of 06-15-12 and signed "rights form". Apparently the old resident's contract that was missing this page was erroneously used instead of the new one that includes it. Old contracts have been discarded and only new ones are available for future use. All other resident files have been checked by the administrator for "Right to Refuse" medication forms and all are found.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty*

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

Date *06-27-12*

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(Date)

Plan of correction implementation status as of 7-5-12
(Date)

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

- Fully Implemented *7-5-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44843 - 06/16/2012 - Roop, Dennis
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code 5200
2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted on 6/12/12. A preadmission screening was not completed for the resident.

Resident #2 was admitted to the home on 12/1/11. The resident's preadmission screening was not completed until 12/2/11.

Resident #3 was admitted to the home on 3/23/12. The resident's preadmission screening was not completed until 3/30/12.

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.

The Quality Management Team met on 06-19-12 and has established a new policy that all pre-admission screening must be conducted prior to a resident's entry into the Home. Our new manager in her first year was unaware of this regulation. The administrator will review all new resident entry forms to make certain the preadmission was conducted properly and the new manager has been educated **RECEIVED** to do pre-admission screenings.

Western Field Office
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

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12 of 12

Violation Report: 44863 - 06/16/2012 - Ropen, Dennis
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 65 Pa. Code §2800
2800.253(c) - The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge data.

2a. DESCRIPTION OF VIOLATION
The home is destroying resident records for residents that have been discharged over three years ago. The home is not maintaining a log of; the resident's name, record number (if any), birth date of the resident or the admission and discharge dates.

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.

On 06-19-12 the Quality Management Team created a log of discharged residents from the past three years. All residents discharged in the future will be added to this log on file. The file will contain and already does for residents the past three years name, birth date, admission and discharge dates plus a death certificate if applicable.

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Western Field Office
Adult Residential Licensing

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathleen Dougherty*

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

Date *06-27-12*

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(Date)

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(Initials)

Plan of correction implementation status as of 7-5-12
(Date)

- Fully Implemented 7-5-12g
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

FIKE DRILL RECORDS
PERSONAL CARE HOMES - 65 Pa. Code Chapter 2800

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

Number: 448630

Date	Time	Evac Time	Supervised by Fire Safety Expert
01/07/2012	11:00 AM	3 min 4 sec	
02/16/2012	10:20 AM	2 min 26 sec	
03/10/2012	01:30 PM	2 min 44 sec	
04/24/2012	04:40 AM	3 min 22 sec	
05/08/2012	02:00 PM	3 min 54 sec	
08/08/2012	10:26 AM	2 min 6 sec	

Inspection Date: 06/15/2012

Page 1 of 1