

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TEC CORP

LEGAL ENTITY

To operate FAMILY AND FRIENDS (STONE RIDGE BUILDING)

NAME OF FACILITY OR AGENCY

Located at 112 CAFFERTY ROAD, PIPERSVILLE, PA 18947

(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 28  
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 September 20, 2012 until September 20, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 136330

*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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 22 2012

Ms. Celeste DaShiell, Administrator/President  
TEC Corp  
P.O. Box 447  
Point Pleasant, Pennsylvania 18950

RE: Family and Friends (Stone Ridge Building)  
122 Cafferty Road  
Pipersville, Pennsylvania 18947

Dear Ms. DaShiell:

As a result of the Department of Public Welfare's licensing inspection on July 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 'Ronald Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 13633 - 07/16/2012 - McHale, Christine  
 PCH Name: FAMILY AND FRIENDS STONE RIDGE BUILDING

**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.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 is prescribed Clonazepam 0.5 mg which is classified as a controlled substance. The home's medication policy states that the staff will maintain a count of any controlled substances and count the medications at the change of each shift. The home is not maintaining a count sheet of this medication and was not counting the medication at the change of each shift.

**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.*

7/16/12 & prior	TEC Corp dba Family & Friends was utilizing a policy and procedure for Narcotic and Controlled Drug Count that was not revised to reflect a change in procedure (see highlighted policy & procedure example 1).
7/16/12	The Policy & Procedure for "Narcotic & Controlled Drug Count" was revised at the time of inspection to reflect the actual procedure that was being followed. (See highlighted P&P example 2).
7/18/12	Staff was trained in the revised policy & procedure at the mandatory staff meeting. (See enclosed agenda for mandatory meeting)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Celeste Dashiell</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Celeste Dashiell / Administrator</i>	Date <i>8/1/12</i>

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

The above plan of correction is approved as of <u><i>8/2/12</i></u> (Date)	Plan of correction implementation status as of <u><i>8/3/12</i></u> (Date)
The above plan of correction was approved by <u><i>CDM</i></u> (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