

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ASSURED CARE, INC.

LEGAL ENTITY

To operate GRAND VIEW MANOR

NAME OF FACILITY OR AGENCY

Located at 129 HOUCK ROAD, FLEETWOOD, PA 19522

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 54  
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 October 28, 2012 until October 28, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 215010

*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



OCT 04 2012

Ms. Debbie Young, Administrator  
Assured Care, Inc.  
Grand View Manor  
129 Houck Road  
Fleetwood, Pennsylvania 19522

Dear Ms. Young:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 19, 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 Human Services 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", with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 21501 - 07/19/2012 - Rushin, Julianne PCH Name: GRAND VIEW MANOR	
<b>1. REGULATION 35 Pa.Code §2600</b> 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.	
<b>2a. DESCRIPTION OF VIOLATION</b> The medication administration record for resident #1 does not include a dx for Donepezil 5mg.  The medication administration record for resident #2 does not include a dx for Lisinopril 20mg.  The medication administration record for resident #3 does not include a dx for Potassium CL ER 20 MEQ TA. The medication administration record for resident #4 does not include a dx for Potassium CL ER 20 MEQ TA. The medication administration record for resident #5 does not include a dx for Potassium CL ER 20 MEQ TA. The medication administration record for resident #6 does not include a diagnoses for Hydrocodone/APAP 5/500 and MAPAP 500 mg.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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 violation of not having Diagnoses LISTED on all Medications on MARS was an oversight and I plan to fix the problem by having a co-worker (RN) Double check for any missing diagnoses each month prior to start of the MARS - I ALSO DISCUSSED with my pharmacy importance of Compliance in putting Dx on MARS.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Debbie Young RN</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>DEBBIE Young RN</b>	Date <b>8-2-2012</b>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>9-19-12</u> (Date)	Plan of correction implementation status as of <u>9-19-12</u> (Date)
The above plan of correction was approved by: <i>[Signature]</i> (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