

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to AM PM PERSONAL CARE HOME, INC.

To operate AM/PM PERSONAL CARE HOME

Located at P.O. BOX 123, DELANCEY, PA 15733

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

The total number of persons which may be cared for at one time may not exceed 32
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 23, 2012 until September 23, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 407360

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 06 2012

Ms. Laura J. Mesoraco, Owner/Administrator
AM PM Personal Care Home, Inc.
AM/PM Personal Care Home
P.O. Box 123
Delancey, Pennsylvania 15733

Dear Ms. Mesoraco:

As a result of the Department of Public Welfare's licensing inspection on August 1, 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: 40736 - 08/01/2012 - Cutter, Jan
PCH Name: AM PM PERSONAL CARE HOME

24 2012

1. REGULATION 55 Pa.Code §2600
2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 has a half bedrail on each side of the bed (one side of the bed is against the wall). The bed rails have three openings of 8 inches; 7.5 inches; and 8 inches wide. This poses an entrapment hazard as the resident could get a limb caught in one of the openings.

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 attached Bed Rail was purchased immediately from Advantage for Resident #1, Ann Oyster

as was the cover for the bed rail. The half bedrails were immediately removed and the new rail was installed on 8/22/12.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco Own/Adm* Date *8/23/12*

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

The above plan of correction is approved as of 8/28/12 (Date)

Plan of correction implementation status as of 8/28/12 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40736 - 08/01/2012 - Cutter, Jan

PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was a common bar of soap in the bathroom between bedrooms #20 and 21.

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 bar of soap in the bathroom between bedrooms #20 and #21 was promptly removed.

The residents in bedrooms 20 + 21 were provided with soap holders which were labeled with the residents names. (see attached unit rent receipt.)

Day to Day Manager will monitor use of soap holders (labeled with resident names) when residents choose to use bar soap.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

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

Laura J. Mesoraro Owner/Adm.

Date 8/23/12

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

The above plan of correction is approved as of

8/28/12 (Date)

Plan of correction implementation status as of

8/28/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Handwritten Initials] (Initials)

Violation Report: 40736 - 08/01/2012 - Cutter, Jan
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.103(l) - Outdated or spoiled food or dented cans may not be used.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
The following opened food items, located in freezer #1, were not labeled or dated when opened:
Meatballs.
4 sandwich size bags of sliced cheese.
Sausage Links.

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.
Staff were immediately provided with the attached labels and were instructed to label the above food items, as well as any future opened food items.
Day to Day manager will monitor opened food items to assure labels are being used appropriately & timely.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco* Date *8/23/12*

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

The above plan of correction is approved as of 8/23/12 (Date)
The above plan of correction was approved by ASP (Initials)
Plan of correction implementation status as of 8/28/12 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 40736 - 08/01/2012 - Cutter, Jan
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and ^{Western Field Office} ~~the lint trap and~~ ^{Appl. Reg. and Trust of} clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was an accumulation of lint in the lint trap of the clothes dryer in the medication room.

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 lint trap was promptly cleaned.
Staff were reminded of the note posted in the laundry to clean the lint trap after each dryer cycle. (see attached)

Day to Day manager will monitor lint removal from dryers to assure continued compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco* Date *8/23/12*

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

The above plan of correction is approved as of 8/28/12 (Date)

Plan of correction implementation status as of 8/28/12 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40736 - 08/01/2012 - Cutter, Jan
PCH Name: AM PM PERSONAL CARE HOME

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home's emergency water contract indicates that water cannot be delivered immediately, but, within 24 hours. The home had 3 and 1/2 gallons of water on-site. The home has 23 residents.

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 letter was obtained from Fozell's
County market (who will provide emergency
water to AM/PM) stating should a
disaster occur, drinking water will
provided immediately.

(see attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

R.J. Mesaraco

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

Laura J. Mesaraco

Date

8/23/12

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

The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

[Signature]
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 40736 - 08/01/2012-- Cutter, Jan
PCH Name: AM PM PERSONAL CARE HOME

4 . 12

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Western Field Office
relating to emergency preparedness

2a. DESCRIPTION OF VIOLATION

The emergency preparedness plan for the municipality in which the home is located was not posted in a conspicuous and public place 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.

The emergency plan for Young Township
(the local municipality) was copied
and placed in a binder underneath
the common telephones in front + back
section.

(Please see receipt for copying of
Young Township Plan)

A copy of the Young Township Plan has been
a part of Am/pm's Policy and Procedure
Manual since its inception.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura J. Mercurio

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

Raf. Mercurio
Adm

Date 8/23/12

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

The above plan of correction is approved as of

8/28/12
(Date)

Plan of correction implementation status as of

8/28/12
(Date)

The above plan of correction was approved by

ASB
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40736 - 08/01/2012 - Cutter, Jan
PCH Name: AM PM PERSONAL CARE HOME

4 112

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time taken for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for all drills conducted do not include the exact number of seconds in the evacuation time. The home is rounding off the seconds to a whole minute or 1/2 minute.

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.

Please see attached fire drill record for a fire drill conducted on August 2012, which includes the number of seconds in the evacuation time.

The home now utilized a stop watch that includes seconds for the purpose of fire drills.

Day to Day manager will monitor to assure use of watch with seconds in utilized for each fire drill.

The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by §600.132c. JJP 8/28/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesonaro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesonaro* Date *8/23/12*

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

The above plan of correction is approved as of <u>8/28/12</u> (Date)	Plan of correction implementation status as of <u>8/28/12</u> (Date)
The above plan of correction was approved by <u>JJP</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

Violation Report: 40736 - 08/01/2012 - Cutter, Jan
PCH Name: AM PM PERSONAL CARE HOME

8-4-2012

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was a bottle of Milk of Magnesia in the medication cart for Resident #1 with an expiration date of 5/2011.

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 expired bottle of milk of Magnesia for resident #1 with an expiration date of 5/2011 was promptly discarded.

Day to Day Manager will monitor all medications to assure expiration dates are enforced.

9-28-12
The administrators will conduct a monthly check of resident prescriptions, medications, and medication administration records to ensure no discontinued or expired medications are present in the home. 8-28-12 JJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

L. Mesarico

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

Laura J. Mesarico

Date 8/23/12

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

The above plan of correction is approved as of

8/28/12
(Date)

Plan of correction implementation status as of

8/28/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JJP
(Initials)

Violation Report: 40736 - 08/01/2012 - Cutter, Jan

4 2012

PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Services

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

The August medication administration record for resident #2 does not include any drug allergies if applicable or diagnoses or purpose for all the resident's medication.

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.

Day to Day manager updated the August MAR for resident #2 to include any drug allergies as well as diagnoses.

(see attached copy.)

Day to Day manager will monitor all MAR's to assure allergies, diagnosis and all applicable information is listed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura J. Mesonzo

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

Laura J. Mesonzo

Date 8/23/12

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

The above plan of correction is approved as of

8/28/12
(Date)

Plan of correction implementation status as of

8/28/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

AMP
(Initials)

