





OCT 11 2012

Mr. Thomas A. Fulmer  
Thomas and Diane Fulmer  
333 Ertel Road  
Williamsport, Pennsylvania 17701

RE: Fulmers personal Care Home  
201 Woodward Avenue  
Lock Haven, Pennsylvania 17745

Dear Mr. Fulmer:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 8, 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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 34736 - 08/08/2012 - Hummel, Jesse  
 PCH Name: FULMERS PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600  
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
 The bathroom window located within resident room #20 does not have any type of curtain or window covering to provide privacy to the residents while bathing or toileting. A mobile home park community is located approximately 30 feet away from this window. The shared resident bathroom labeled bathroom #3 does not have any type of curtain or window covering to provide privacy to residents while toileting. This window is visible from the home's parking lot located in the front of the facility.

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 of the bathrooms have had curtains installed. See photos of the windows. Our floor supervisor, [redacted] will check for proper window coverings when she does her monthly room checks in which she checks all rooms for all required items. If a window does not have a proper covering, [redacted] or [redacted] (maintenance) will be notified.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) April M. Fulmer, Admin	Date 8-14-12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/3/12</u> (Date)	Plan of correction implementation status as of <u>10/3/12</u> (Date)
The above plan of correction was approved by: <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24736 - 08/08/2012 - Hummel, Jesse  
 PCH Name: FULMER'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION  
 The home was unable to provide the following medication administration training documentation for staff persons A, B, C, D, E, F, and G: The Medication Observation Skills Sheets, The Medication Administration Record Review Sheets, and the Annual Student Certification Sheets. These documents are required to verify that these specified staff persons were correctly trained and passed the annual medication administration training.

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.

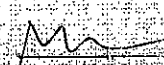
The Med Observation Skills Sheets, MAR Review Sheets & Certification Sheets are now kept in a binder along w/ all other pertinent paperwork documenting med staff training.  
 Our Practicum Observer, [REDACTED] was informed that all this paperwork must be kept in the binder & stored in the office. She will make sure this remains in the office & stays current as she does her regular reviews of all med staff members.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
April M. Fulmer Admin	8-14-12

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