

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PERSONACORP INC LEGAL ENTITY

To operate LIBERTY SQUARE PERSONAL CARE NAME OF FACILITY OR AGENCY

Located at 86 MAIN STREET, STOUCHSBURG, PA 19567 (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 19 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 November 21, 2012 until November 21, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205720

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.



DEC 10 2012

Ms. Andrea L. Stone, President
Personacorp, Inc.
Liberty Square Personal Care
86 Main Street
Stouchsburg, Pennsylvania 19567

Dear Ms. Stone:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 22, 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 stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION

Staff person A, who is the Administrator, stated a final itemized written account of resident # 1's funds, including funds owed by the home to the resident or the resident to the home, was not completed when resident # 1 was discharged from the home on or about 2/15/12.

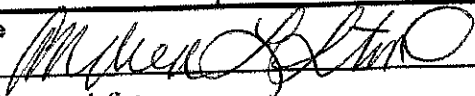
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

A final itemized statement for resident #1 will be mailed to resident #1's daughter. (will be done by 10-31-2012)

In the future, all residents leaving the home will receive an itemized written account of funds still owed the home by the resident or a refund issued to the resident by the home. The home does not manage any resident money. The administrator will be responsible.

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

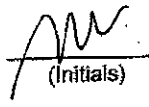
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea L Stone, Administrator Date 10-08-2012

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

The above plan of correction is approved as of 11/14/12
 (Date)

Plan of correction implementation status as of 11/14/12
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.


2a. DESCRIPTION OF VIOLATION
 Direct care staff persons B,C,and D received only 11 hours of annual training in training year 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.

One (1) extra hour of direct care staff training was given by our fire safety expert. (08-30-2012) This hour will be applied to training year 2011.

In the future, all direct care staff persons shall have at least 12 hours of annual training relating to their job duties. Administrator will be responsible.

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) Andrea L. Stone, administrator Date 10-08-2012

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff persons B, C and D in training year 2011 included only 11 hours of training on the topics permitted by this regulation. Staff did not receive annual training in emergency preparedness. *2.659*

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.

In training session on 08-30-2012, fire safety expert inserviced staff on emergency preparedness. This hour will be applied to training year 2011.

In the future, emergency preparedness will be included in the topics of training annually. Administrator will be responsible.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Andrew L. Stone

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

Andrew L. Stone administrator

Date *10-08-2012*

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11/14/12
 (Date)

The above plan of correction was approved by

[Signature]
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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff B, C, and D did not receive training in Emergency Preparedness during the training year 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.

See previous POC - page 4

The administrator will monitor for ongoing compliance.

mm
11/14/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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(Initials)

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
 The home does not have a staff training plan for the year 2012.

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 developed a staff training plan for 2012.

In the future, the administrator will develop a staff training plan annually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Andrea L. Stone administrator* Date *10-08-2012*

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 (Initials)

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A 5/8 fluid ounce tube of "Testors" Cement for Plastic models was stored on the top of the dresser in room #3. The manufacturer's label on the tube included, "If swallowed do not induce vomiting and get medical attention." Resident # 2's most current assessment (dated 4/13/12) and support plan (dated 4/30/12) do not indicate the resident was assessed to have unsupervised access to poisons.

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 5/8 fluid ounce tube of "Testors" cement for plastic models was removed immediately upon discovery by state inspector.

Staff and residents were reminded about poisonous materials policy according to 82(c). (08-24-2012)

Housekeeping/direct care staff will continue to monitor resident rooms for any poisonous materials.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone administrator* Date *10-08-2012*

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 In the shower adjacent to room #12, black spots were observed along two of the three edges of the wall above the prefabricated shower stall. Also, on the left-hand side of this area, the paint was chipped, exposing a small portion of wall behind it which appeared to be slightly swollen.

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.

Wall above prefabricated shower stall cleaned and protective, waterproof coating was applied. (09-10-2012)

Housekeeping / direct care staff will monitor conditions in bathing areas. Administrator will be notified and problem will then be addressed.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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 (Date)

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 (Initials)

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- Not implemented

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The bulb was not working in the ceiling lighting fixture which is adjacent to room #12 and the fire escape on the second floor of 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.

Lighting fixture adjacent to room #12 was replaced.
(09-20-2012)

Housekeeping/direct care staff will monitor building for equipment such as lighting fixtures and bulbs which are not in working order. Administrator will be notified and problem will be solved.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The water temperatures from the faucets of the sinks in room #s 3 and 12 measured 132.0° F and 124.3° F, respectively.

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.

Plumber called in to adjust water temperature.
 (09-04-2012)

Hot water temperature will be taken at various locations throughout building. If it is too high or low, plumber will be called to adjust temperature of water. This to be done on monthly basis.

The administrator will monitor for ongoing compliance
 mm
 11/14/12

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

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

When facing the portable wardrobe in room #1B, the right-hand side door was hanging from one hinge which prevented the door from closing and posed a possible safety hazard to the resident.

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.

Portable wardrobe in room # 1-b was replaced.

Housekeeping / direct care staff will monitor resident rooms for broken furniture and equipment. Administrator will be notified. Item(s) will be fixed or replaced.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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 (Initials)

Plan of correction implementation status as of 11/14/12
 (Date)

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- Not Implemented

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The home had a tripping hazard on the exterior area of the home located from the pathway from the black metal fire escape. Two paving bricks in that area were raised and uneven creating a fall risk for residents or other individuals exiting the building during a fire drill or emergency.

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.

Paving bricks located on pathway from fire escape were repositioned creating a smooth walking surface.

Administrator will monitor building exits outside to ensure that they are free of hazards and in good repair. (exterior checks to be done monthly)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/27/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 56 Pa.Code §2600
 2600.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

2a. DESCRIPTION OF VIOLATION
 There were no towels or other hand drying device provided in the first floor common bathroom.

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.

Paper towels were replaced in the first floor common bathroom immediately. (08-22-2012)

Housekeeping / direct care staff will monitor paper towels in all common bathrooms. Rolls will be replaced as soon as they are discovered to be empty. (Daily)

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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 (Initials)

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 8/22/2012 at approximately 9:35 a.m. Room 101's bedroom doorway had several brown cardboard boxes measuring 24 inches long by 15 inches wide blocking the pathway from room 101. Further, other boxes and items in the room created an 8 inch narrow pathway which meandered from the residents bedroom door pass the resident's bed to the room's private bathroom. The obstruction at the doorway and pathway posed an evacuation risk for the resident and rescue personnel in the event of an emergency.

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.

Pathway leading from hallway into resident's room #11 was cleared before inspectors left for the day. Boxes and items in room were moved into other storage area or dumpster. Resident of room #11 was notified of importance of keeping private areas unobstructed.

Housekeeping / direct care staff will monitor resident rooms for clutter leading to evacuation risks. Problems found will be dealt with immediately.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

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.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures were 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 home's emergency procedures are now posted in a conspicuous and public place in the home.
 (09-04-2012)

Administrator will make sure that the emergency procedures notebook is in it's place. (to be checked monthly)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/27/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

A 10-ounce spray can of "Walmart" Interior/Exterior Fast and Dry Spray Paint was stored on the top of the dresser in room #3. The manufacturer's label stated, "Danger! Extremely Flammable." The door to this room was unlocked and accessible to residents of 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.

A 10-ounce spray can of "Walmart" Interior/Exterior Fast and Dry Spray Paint was removed immediately by state inspector upon discovery of item in room #3.

Staff and residents were reminded about combustible materials policy according to 125(b). (08-24-2012)

Housekeeping / direct care staff will continue to monitor resident rooms for any combustible materials.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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Violation Report: 20572 - 08/22/2012 - Dumas, Gerald

PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

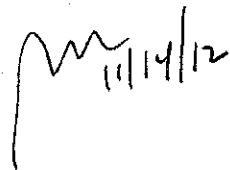
2a. DESCRIPTION OF VIOLATION

In a conversation with the home's Administrator, A, the ARL Representative was informed that on at least one occasion, the Administrator allowed a resident to pull the fire alarm.

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.

All fire drills shall be unannounced. Fire drills will be done once a month.

The administrator will monitor and assure full compliance.


11/14/12

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) *Andrea L. Stone, administrator* Date *10-08-2012*

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

The above plan of correction is approved as of 11/14/12 (Date)

Plan of correction implementation status as of 11/14/12 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The last observed fire safety inspection and fire drill by an expert was conducted on 5/22/11. The home has not had a fire safety inspection and fire drill conducted by a fire safety expert in the last 12 months.

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 safety inspection and fire drill conducted by a fire safety expert was done on 08-30-2012.

Fire safety inspection and fire drill conducted by a fire safety expert will be done annually. Administrator will monitor.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone, administrator* Date *10-08-2012*

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

The above plan of correction is approved as of 11/4/12
(Date)

Plan of correction implementation status as of 11/4/12
(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: 20572 - 08/22/2012 - Dumas, Gerald
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

In a discussion with the home's Administrator, A. it was acknowledged that during fire drills staff are not alternating exit routes to simulate a block exit. Residents and staff are required to practice using various exit routes during a fire drill.

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.

Home will place an orange caution cone in various places around the home during fire drills. Residents will be instructed that the orange cone will represent a fire and that they need to turn around and find an alternative exit route if they encounter "the cone".
Staff person conducting fire drill will place the cone and document response.

The administrator will monitor for ongoing compliance.
11/14/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-08-2012*

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

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Plan of correction implementation status as of 11/14/12 (Date)

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

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

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The initial medical evaluation for resident # 3 was not completed within the required timeframe. The resident was admitted to the home on 9/1/11 and the medical evaluation was dated 11/17/11.

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.

If facility has difficulty scheduling an appointment in a timely manner, administrator will contact case worker to assist with making an earlier appointment for that resident.

The administrator will monitor for ongoing compliance.

ms
11/14/12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-09-2012*

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

The above plan of correction is approved as of 11/14/12 (Date)

Plan of correction implementation status as of 11/14/12 (Date)

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

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

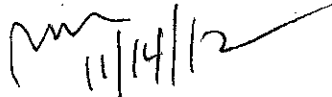
Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The most current medical evaluation for resident # 3 (dated 11/17/11) does not address body positioning.
 The most current medical evaluation for resident # 4 (dated 2/16/12) does not address body positioning.

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.

Facility will remind health care provider who is completing medical evaluation to address numbers (1) through (10) entirely.

The administrator will monitor for ongoing compliance -

 11/14/12

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)

Andrea L. Stone, administrator

Date 10-08-2012

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

The above plan of correction is approved as of 11/14/12
 (Date)

Plan of correction implementation status as of 11/14/12
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

The home's smoking area is located to the east side of the home known as the Garden Patio. At approximately 10:45 a.m. a large clear plastic sheathing covered what appeared to be a bike and some other items in addition to (2) large dark green plastic garbage bags which were strewn over chairs stacked in the corner of the patio.

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.

Bicycle and other outdoor equipment belonging to the residents were removed from side garden patio. This eliminates the need for plastic tarps.
 (10-01-2012)

Side garden patio will be checked daily for combustible or flammable material which may have been placed there by residents or their family members.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-09-2012*

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

The above plan of correction is approved as of 11/14/12 (Date)

Plan of correction implementation status as of 11/14/12 (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: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa. Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The most current medical evaluation for resident # 2 (dated 3/1/12) indicates a "soft, 4 gram sodium, 1800 calorie carb hydrate controlled" diet. It was determined through an interview with staff person B that the resident is receiving a regular diet.

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 will be given a soft diet (1800 calorie-low carb) until health care provider adjusts medical evaluation, (10-01-2012)

Special dietary needs will be posted in the kitchen area as well as the resident record. (10-01-2012)

The administrator will monitor for ongoing compliance.
 M
 11/14/12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date *10-09-2012*

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

The above plan of correction is approved as of <u>11/14/12</u> (Date)	Plan of correction implementation status as of <u>11/14/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.183(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

A tube of prescribed "Perrigo" Triamcinolone Acetonide ointment USP, 0.5% was stored on the bathroom shelf adjoining resident # 2's bedroom, who resides alone. The door to the bedroom was unlocked and the medication was accessible to other residents. Staff person A, who is the Administrator, stated resident # 2 cannot self-administer any medications

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 tube of prescribed "perrigo" triamcinolone Acetonide ointment USP, 0.5% was removed from room # 3 by state inspector upon discovery.

Prescribed ointment is now in locked med room.

Housekeeping / direct care staff will monitor resident rooms for medications. Medications will be removed from unlocked rooms and taken from residents that are not capable of self-administration of ointments or medications.

VA Pharmacy asked not to give medications directly to residents.
 * The administrator will monitor for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 11/14/12

Signature of Legal Entity Representative
 (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Andrea L. Stone, administrator*

Date *10-09-2012*

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

The above plan of correction is approved as of 11/14/12
 (Date)

Plan of correction implementation status as of 11/14/12
 (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: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

According to the medication administration training records and a interview with Adminsitrator A, staff persons B, C, and D have not received their annual practicum which was due in April 2012. None of the current staff are trained to administer medications until passing the annual practicum.

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.

Alternative arrangements were made for 08-22-2012 5pm & 8pm plus PRN medication passes. Also, for 08-23-2012 8am & 12 noon & 5pm plus PRN medication passes.

All staff persons received medication training on 08-23-2012. (staff person on vacation received medication training on 08-29-2012.)

All medication training including practicum observations will be done by outside trainer.

- The administrator will monitor and assure that all medication staff are properly trained according to this regulation.

mm 11/14/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L. Stone, administrator* Date: *10-09-2012*

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

The above plan of correction is approved as of 11/14/12 (Date)

The above plan of correction was approved by *mm* (Initials)

Plan of correction implementation status as of 11/14/12 (Date)

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

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The initial assessment for resident # 2 (dated 9/15/11) was not updated to reflect the resident's current dietary needs as indicated on his/her most current medical evaluation (dated 3/1/12). The medical evaluation states, "soft, 4 gram sodium, 1800 calorie carb hydrate controlled" diet; the assessment does not address these needs.

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.

Special dietary need was added to resident #2's assessment. (10-01-2012)

Administrator will transfer all information from medical evaluation to assessments accurately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Stone*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Andrew L. Stone, administrator* Date *10-09-2012*

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

The above plan of correction is approved as of 11/14/12
 (Date)

Plan of correction implementation status as of 11/14/12
 (Date)

The above plan of correction was approved by *MS*
 (Initials)

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

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 The most current annual support plan (dated 1/6/12) for resident #4 was not completed within 30 days of the most current annual assessment (dated 10/15/11).

Annual assessment for resident #4 was updated.
 (10-10-2012)

Support plan will be redone within 30 days.
 (By 11-10-2012)

Support plans will be revised within 30 days upon completion of the annual assessments.

Administrator responsible.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Andrea L. Stone</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L. Stone, administrator</i>	Date: <i>10-10-2012</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>11/14/12</i> (Date)	Plan of correction implementation status as of <i>11/14/12</i> (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

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Correction fluid was used in the August 2012 Medication Administration Records of resident #s 2, 3, 5, and 6.

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.

Correction fluid will not be used in the Medication Administration Records, Administrator will monitor.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone, administrator* Date *10-09-2012*

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

The above plan of correction is approved as of 11/14/12
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Plan of correction implementation status as of 11/14/12
 (Date)

The above plan of correction was approved by *ms*
 (Initials)

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

Violation Report: 20572 - 08/22/2012 - Dumas, Gerald
 PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The record of resident # 1 does not include the reason the resident was transferred to the VA Hospital in January 2012, the date of the transfer, or the destination. Also, it does not include the reason resident # 1 was discharged from the home on or about 2/15/12, the date of the discharge, or the destination. Staff person A, who is the Administrator, stated resident # 1 was discharged from the home on or about 2/15/12 from the VA Hospital to the VA Hospice for long term care services.

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.

Termination Record was written for resident #1.
 Termination Record was added to resident file.
 (10-09-2012)

Termination record will be completed for each resident that is discharged.

The administrator will monitor for ongoing compliance.

[Signature]
 11/14/12

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) *Andrea L. Stone, administrator* Date *10-09-2012*

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

The above plan of correction is approved as of 11/14/12 (Date) Plan of correction implementation status as of 11/14/12 (Date)

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- Not Implemented

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