

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SENIOR CHOICE INC LEGAL ENTITY

To operate THE PATRIOT A CHOICE COMMUNITY NAME OF FACILITY OR AGENCY

Located at 495 WEST PATRIOT STREET, SOMERSET, PA 15501 (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 76 (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 9, 2012 until November 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321360

Robert E. Robinson
ISSUING OFFICER

R.C. King
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



DEC 19 2012

Ms. Sheila Herring, Interim Administrator
Senior Choice, Inc.
The Patriot A Choice Community
495 West Patriot Street
Somerset, Pennsylvania 15501

Dear Ms. Herring:

As a result of the Department of Public Welfare's licensing inspection on September 14, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky". The signature is written in a cursive style.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 32136 - 09/14/2012 - McConnell, Deb
PCH Name: THE PATRIOT A CHOICE COMMUNITY

1. REGULATION 55 Pa.Code §2600

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 medication administration record for resident #1 does not list the diagnosis or purpose of the medication Tylenol 3, to be taken at bedtime.

The medication administration record for resident #2 does not list the diagnosis or purpose for the medication Vicodin 5/500, PRN every 6 hours.

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.

** Physician's Order was reviewed*

① Resident #1, Tylenol 3 - MAR was changed to specifically state "at bedtime" and a diagnosis/purpose was added: DX: Leg pain. See Attachment #1 to show where the mistake was made. Attachment #2 shows the immediate correction and Attachment #3 is the most recent MARA (cont)

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) *LOVI A. FISHER, PCHA*

Date *10/19/2012*

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

The above plan of correction is approved as of 11/20/12 (Date)

Plan of correction implementation status as of 11/20/12 (Date)

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

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



RECEIVED

Office of the
Attorney General

J

PLAN OF CORRECTION (CONTINUED)

OCTOBER 19, 2012

- 2. Resident #2,
MAR didn't have diagnosis for resident's Vicodin 5/500 PRN medication. Reviewed physician's order. Medication to be given PRN every six hours for pain. Diagnosis/purpose placed on MAR. Attachment #4 shows where diagnosis/purpose was immediately placed on MAR. Attachment #5 shows current MAR.

To ensure these errors will not occur in the future, a system has been established. Each LPN/Medication Aide has been assigned specific resident rooms. Each LPN/Medication Aide will be responsible for conducting monthly checks to ensure all diagnoses are listed for all the medications and treatments for each resident that resides in those rooms. See attachment #6 (example of monthly MAR check form). The PCHA will also audit those forms and will be responsible for checking the new monthly MAR's once placed on the carts to ensure all handwritten medications have a diagnosis. Staff training on this new system will be held on October 24 and October 25, 2012 and monthly checks will commence immediately.

By 10/15/12 - The administrator or designee will monitor the MAR at least monthly.

J. Miller

*Scott W. ... PCHA
10/19/12*