

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHICORA MEDICAL CENTER LP
LEGAL ENTITY

To operate CHICORA MEDICAL CENTER
NAME OF FACILITY OR AGENCY

Located at 160 MEDICAL CENTER ROAD, CHICORA, PA 16025
(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 26
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 November 10, 2012 until November 10, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 405530

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



DEC 12 2012

Mr. Nick Anderson, Administrator
Chicora Medical Center, LP
Chicora Medical Center
160 Medical Center Road
Chicora, Pennsylvania 16025

Dear Mr. Anderson:

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,

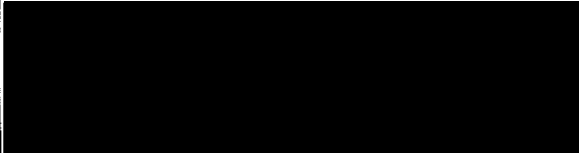
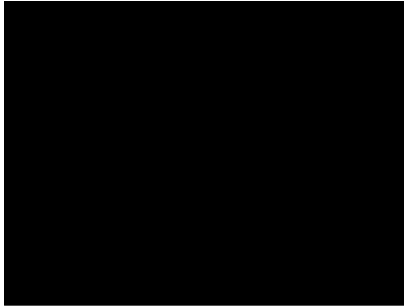


Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

RECEIVED

PCH Name: CHICORA MEDICAL CENTER		License Number: 405530
Address: 160 MEDICAL CENTER ROAD, CHICORA, PA 16025		OCT 19 2012 County: Butler
Administrator: Brenda Campbell		Region: WEST
Legal Entity Name: CHICORA MEDICAL CENTER LP		Western Field Office Adult Residential Licensing
Legal Entity Address: 160 MEDICAL CENTER ROAD, CHICORA, PA 16025		
Certificate(s) of Occupancy C-3 SP 01/23/1897 Dept. of Health		
Staffing Hours Resident Support: 0 Total Daily Staff: 18 Working Staff: 14		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/14/2012: Glidden, Michelle; Miller-Linhart, Aiden		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 26 Number of Residents Served: 17 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 40553 - 09/14/2012 - Glidden, Michelle
PCH Name: CHICORA MEDICAL CENTER

OCT 19 2012

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 8/28/12, did not receive orientation in any of the general fire safety and emergency preparedness.

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.

10/19/12 - Administrator and Human Resource Director will audit all current employee files and ensure new hire orientation checklists are completed before any new employee's start date.

10/19/12 - New hire employees will sign off and date orientation checklist as well as Administrator to verify training compliance. See attached revised orientation check list verification

By 12/15/12 - The administrator or designee will review all new hire training at least quarterly.

[Signature]
10/19/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell Administrator

Date

10-19-12

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

The above plan of correction is approved as of

10/19/12
(Date)

Plan of correction implementation status as of

10/19/12
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

OCT 9 2012

Violation Report: 40553 - 09/14/2012 - Glidden, Michelle
PCH Name: CHICORA MEDICAL CENTER

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Western Field Office

2a. DESCRIPTION OF VIOLATION

Resident #1 has "Proair HFA (Albuterol Sulfate) Inhalation dose 108 mcg/Act, 2 puffs 4 times a day or as needed for wheezing" listed on his medication administration record (MAR). This medication is not available for administration 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.

10/9/12 Resident had not used this PRN medication for several months the medication had expired and been pulled from the cart to have the doctor write order to have medication del'd. As of this date 10-18-12 the doctor has reviewed and del'd the medication, the order has been removed from the mar.

10/12 To Prevent from recurring the Administrator and staff will review and audit mars weekly along with medication to insure that all medication listed on the mars is in the medication cart and available for distribution to residents

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell Administrator

Date 10-19-12

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

The above plan of correction is approved as of

11/9/12
(Date)

Plan of correction implementation status as of

11/9/12
(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: 40553 - 09/14/2012 - Glidden, Michelle

PCH Name: CHICORA MEDICAL CENTER

09/19/12

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

Western Field Office
Adult Residential Licensing

- (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 most recent assessment for resident #1 was completed on 8/2/11.

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.

10/19/12
A new assessment has been completed on resident #1 a copy is enclosed.
BY 10/19/12:
Administrator will review and audit resident charts the beginning of each month to insure that annual assessments are completed on each resident and a new assessments completed on any resident that has had a significant change

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell Administrator

Date 10-19-12

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

The above plan of correction is approved as of 10/19/12
(Date)

Plan of correction implementation status as of 10/19/12
(Date)

The above plan of correction was approved by

J
(Initials)

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