

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HAP SENIOR CARE

LEGAL ENTITY

To operate BEAVER MEADOWS

NAME OF FACILITY OR AGENCY

Located at 5130 TUSCARAWAS ROAD, BEAVER, PA 15009

(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 83
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 December 12, 2012 until December 12, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 418010

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 20 2012

Mr. Ed Campbell, CEO/Administrator
HAP Senior Care
Beaver Meadows
5130 Tuscarawas Road
Beaver, Pennsylvania 15009

Dear Mr. Campbell:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 1, 2012 and October 2, 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, appearing to read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosure
License

Violation Report: 41801 - 10/01/2012 - Mandock, Nancy

PCH Name: BEAVER MEADOWS

NOV 9 2012

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 7/25/12, was not signed by the resident.
The contract for resident #2, dated 8/8/12, was not signed by 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.

Resident # 1 & Resident # 2 have both reviewed the contract and have signed. Moving forward all new admissions will sign and date the contract upon admission. The process was reviewed with each person responsible for admissions. The changes were made effective Oct 1, 2012. The corrections with Resident #1 and Resident #2 were also completed on Oct 2, 2012.

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)

EMILY R CAMPBELL

Date 11-17-2012

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

The above plan of correction is approved as of

11-30-12
(Date)

Plan of correction implementation status as of 11-30-12
(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: 41801 - 10/01/2012 - Mandock, Nancy
PCH Name: BEAVER MEADOWS
NOV 0 2012

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
The telephones in resident bedrooms # 111, # 206, # 307, # 308, and the two telephones in resident bedroom # 303 do not have emergency service numbers posted nearby.

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.
Emergency Room #'s were added immediately to all resident phones. This was completed on Oct 1, 2012. All new residents phones have had the emergency #'s added. The housekeeping department has been made responsible to check weekly to ensure emergency #'s are maintained in each residents rooms. Over the next three months we will be supplying templates that will be on the wall near the phone lines. By adding the templates we will not miss if a resident purchases a new phone.

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

Signature of Legal Entity Representative (Required on EVERY Page) *E. Campbell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EDWIS R CAMPBELL Date 11-27-2012

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

The above plan of correction is approved as of 11-30-12 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 11-30-12 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 41801 - 10/01/2012 - Mandock, Nancy
PCH Name: BEAVER MEADOWS

NOV 0 2012

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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 10/01/12, a rubber garden hose, lying on the porch outside of the exit door to the left of the 300 corridor of the home, blocked egress from 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 rubber hose was removed at time of inspection. The hose had been placed on sidewalk when lawn service was being completed. Lawn Care Attendant then did not remove the hose. The hose was removed from the area and no longer needs picked up when lawn service cuts grass. Mowing forward to hose will continue to be removed from the area. Also ^{ALL} exits will be monitored weekly to insure that they are free from obstruction. The building supervisor will be responsible for monitoring.

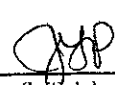
Violation was corrected immediately on Oct 1, 2012.

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) Edwin R. Campbell Date 11-27-2012

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 Fully Implemented
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 Not Implemented

Violation Report: 41801 - 10/01/2012 - Mandock, Nancy
PCH Name: BEAVER MEADOWS

NOV 30 2012

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:

West of Ohio Medications are
Adult Residential Licensing

- (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 10/2012 medication administration record for resident # 2 does not indicate the diagnosis or purpose for resident # 2's prescribed medications: diovan 160 mg, celebrex 100 mg, and colace 100 mg. (observed 10/1/12)

The 10/2012 medication administration record for resident # 3 does not include the diagnosis or purpose for resident # 3's prescribed medications: warfarin sodium 5 mg, warfarin sodium 7.5 mg, furosemide 40 mg, vicodin 5/500 mg, and diltiazem ER 120 mg. (observed 10/1/12)

The 10/2012 medication administration record for resident # 4 does not include the diagnosis or purpose for resident # 4's prescribed medications: atenolol 25 mg, omeprazole 40 mg, bumetanide 2 mg, spironolactone 25 mg, ursodiol 300 mg, aspirin EC 81 mg, and sertraline 50 mg. (observed 10/1/12)

The 10/2012 medication administration record for resident # 5 does not include the diagnosis or purpose for resident #5's prescribed medications: coumadin 1.5 mg and coumadin 3 mg. (observed 10/1/12)

The 10/2012 medication administration record for resident # 6 does not include the diagnosis or purpose for resident #6's prescribed medication: lantus insulin. (observed 10/2/12)


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.

Please See Appendix to Page 5 included after this page.

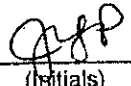
See page 5A

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) Edwin R. Campbell Date 11-27-2012

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

The above plan of correction is approved as of <u>11-30-12</u> (Date)	Plan of correction implementation status as of <u>11-30-12</u> (Date)
The above plan of correction was approved by  (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

Addendum to Page 5 Violation Report: 41801 PCH: Beaver Meadows NOV 10 2012

Western Field Office
Ohio Licensing

Effective October 2, 2012 all medication records for Residents of Beaver Meadows will include the correct diagnosis or purpose for medications prescribed.

Resident # 2

Diovan: Hypertension
Celebrex: Pain
Colace: Constipation

Resident #3

Warfarin Sodium: Blood Thinner A-Fib
Furosemide: Hypertension
Vicodin: Pain
Diltiazem: Hypertension

Resident #4

Atenolol: Hypertension
Bumetanide: Congestive Heart Failure
Spironolactone: Congestive Heart Failure
Ursodiol: Cholecystitis
Aspirin EC: Heart
Sertraline: Depression

Resident #5

Coumadin: Blood Thinner A-Fib
Coumadin: Blood Thinner A-Fib

Resident #6

Lantus Insulin: Diabetes

All were added and corrected on October 2, 2012

Moving forward we are currently using the Quick Mar Electronic System and all diagnosis have been checked and all new orders have the diagnosis and will continue with future orders.

Earl Ceyll

Edwin P. Campbell

11-27-2012

Violation Report: 41801 - 10/01/2012 - Mandock, Nancy
PCH Name: BEAVER MEADOWS

NOV 0 2012

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

Western Field Office
Adult Protective Services

2a. DESCRIPTION OF VIOLATION

Per staff person A, on 10/1/12, at 12:00 PM, resident # 1's prescribed systane ultra solution eyedrops and muro - 128 5% ophthalmic solution were administered. As of 10/1/12, at 2:00 PM, the date and time of administration for these medications was not recorded on resident # 1's medication administration record.

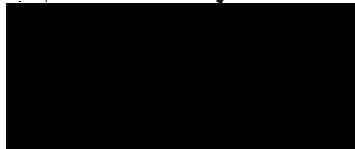
Per staff person B, on 10/1/12, at 9:00 PM, resident # 6's prescribed lantus insulin - 20 units was administered; however, the date and time of this administration was not recorded on resident # 6's medication administration record. (observed 10/2/12)

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.

Medications were dispensed but not documented. All Med Passes were retrained by Bud Cook the new RW Floor Director in the correct procedure for medication administration. On Oct 10, 2012 Beaver Meadows implemented the Quick Mar electronic system that requires medication to be documented as given.

All Med Passes were trained in the Quick Mar System and medications are being documented as given under the new system. Procedure will continue with daily checks on Quick Mar system to insure procedure continues to work as designed in the Quick Mar System. The daily checks are completed by either



Floor Director
Asst Administrator
Administrator

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Edwin R. Campbell Date 11-27-2012

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

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Plan of correction implementation status as of 11-30-12 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented