

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORNING GLORY SENIOR LIVING INC
LEGAL ENTITY

To operate MORNING GLORY SENIOR LIVING
NAME OF FACILITY OR AGENCY

Located at 419 N. QUEEN STREET LITTLESTOWN, PA 17340
(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 12
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 March 21, 2013 until March 21, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 312800

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 2 1 2013

Ms. Sharon L. Immler, President
Morning Glory Senior Living, Inc.
Morning Glory Senior Living
419 North Queen Street
Littlestown, Pennsylvania 17340

Dear Ms. Immler:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 26, 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.


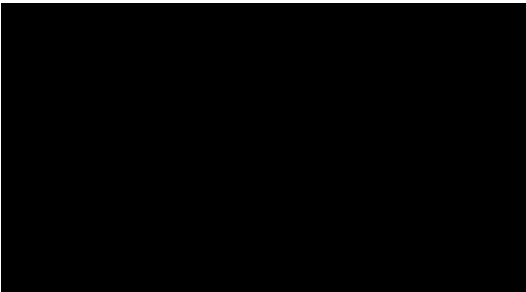
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: MORNING GLORY SENIOR LIVING		License Number: 312800
Address: 419 N QUEEN STREET, LITTLESTOWN, PA 17340		County: Adams
Administrator: Cathy Franek		Region: CENTRAL
Legal Entity Name: MORNING GLORY SENIOR LIVING INC		
Legal Entity Address: 419 N. QUEEN STREET, LITTLESTOWN, PA 17340		
Certificate(s) of Occupancy C-2 LP 12/31/2001 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 12 Waking Staff: 9		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/26/2012: Rosenblat, Dale; Chou, Serena		
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: 12 Number of Residents Served: 12 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 31280 - 11/26/2012 - Rosenblat, Dale
PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
The home provides financial management for residents of the home. The home does not provide the resident's designated person an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

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.

Starting on 1/1/2013 we are making itemized account information^{needs} along with copies of the past transactions that were recorded on the cash distribution record these items will be copied & mailed to either the PDA or given to resident on a quarterly basis. date will be as followed 1/2013
3/2013
6/2013
9/2013

Will be responsible for this task.
*as a reminder be programmed dates in^{ms} computer

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

Signature of Legal Entity Representative (Required on EVERY Page) Cathy M Franek Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cathy M Franek Administrator Date 1/14/2013

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

The above plan of correction is approved as of <u>2-22-13</u> (Date) The above plan of correction was approved by <u>CF</u> (Initials)	Plan of correction implementation status as of <u>2-22-13</u> (Date) <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
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Violation Report: 31280 - 11/26/2012 - Rosenblat, Dale
PCH Name: MORNING GLORY SENIOR LIVING

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
A fire drill was not conducted during the month of December 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.

As a correction to this violation at the first of every month I am notifying the staff member of their assigned fire drill. as a follow up, I am I have the staff member that performed the fire drill place the folder & documentation in my mailbox so I can check it off at the end of every drill. mailbox is checked on a daily basis.

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

Signature of Legal Entity Representative (Required on EVERY Page) Cathy M Frank Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cathy M Frank Administrator Date 1-14-13

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The above plan of correction is approved as of 1-22-13 (Date)

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

Plan of correction implementation status as of 1-22-13 (Date)

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

Violation Report: 31280 - 11/26/2012 - Rosenblat, Dale

PCH Name: MORNING GLORY SENIOR LIVING

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 #3 does not include a diagnoses or purpose for:

- Amlodipine Besylate 5mg
- Hytone cream 1 drop to upper and lower eyelid 2x daily

The medication administration record for Resident #4 was not initialed as given for the 11/22/12, 7:30am dose of Novolin.

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 will amend residents' MARs to ensure that all of the required information is captured. *JE*

I notified our Pharmacy (they type MARs) of our violation & also gave them the regulation. They will be double checking mars before they are sent down to us. Once we receive the mars they will be double checked by myself & a staff member before placed in the UNAC Notebook. Myself & the staff member will have a signoff sheet when task is

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/18/2011 *Completed*

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy M Frank administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy M Frank administrator* Date *1/14/13*

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Plan of correction implementation status as of 2-22-13 (Date)

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

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

Violation Report: 31280 - 11/26/2012 - Rosenblat, Dale
PCH Name: MORNING GLORY SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Hytone cream prescribed for Resident #3 was not available in the home from 11/21/12 -11/26/12. An order was re-faxed to the pharmacy on 11/26/12.

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.

after medication has been ordered & has not been received within 2 business days we will contact the pharmacy to follow up. We will also fax another request. This attempt will be documented & signed off by requester in the Medication order notebook if PCP does not want to refill medication we will at that time fax a medication discontinue request form to the PCP.
The medication request notebook is to be checked daily by the 7-3 shift.

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

Signature of Legal Entity Representative (Required on EVERY Page) Cathy M Frank Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cathy M Frank administrator Date 1-14-13

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