

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ANDSHER PERSONAL CARE HOME INC  
LEGAL ENTITY

To operate ANDSHER PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237  
(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 27  
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 February 19, 2013 until February 19, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242510

*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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

FEB 19 2013

Mr. Andrew J. Sherkness, Administrator  
Andsher Personal Care Home, Inc.  
Andsher Personal Care Home  
20 North Kennedy Drive  
McAdoo, Pennsylvania 18237

Dear Mr. Sherkness:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 27, 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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

**2. DESCRIPTION OF VIOLATION**

The following resident's records were not available at time of inspection.  
 Resident #1, date of admission 2/3/12  
 Resident #2, date of admission 10/18/12  
 Resident #3, date of admission 11/1/12  
 Resident #4, date of admission 12/2/11  
 Resident #5, date of admission 5/6/11

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 records which not available at time of inspection for a few reasons. ① Records which being transferred to the computer, to a program called Intella, which when completed will have all resident records on the computer + monthly inspections + emergency records kept in a binder + incident. ② If with the understanding that inspections, monthly the quarterly inspection, would take place within 60 days of the license renewal date. It with the date of November 3 2012 that would have followed that to what I understand is the protocol for quarterly inspections. 5 days would have more time to complete, having all files in order + available for our quarterly inspection. I do understand that an inspection could take place at any time + also on computer files that all files should be up to date + are submitted to inspection at any time. →

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

Signature of Legal Entity Representative (Required on EVERY Page) Andrew G. Shubert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANDREW J. SHUBERT, MD, FRCPC      Date 12-28-12

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

The above plan of correction is approved as of 1.11.13 (Date)

Signature of Legal Entity Representative 1.11.13 (Date)

The above plan of correction was approved by FB (Initials)

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

Page 2 of 24

CONTINUED →

ALL FILES WERE UP TO DATE, BUT NOT AVAILABLE. I WILL HAVE ALL FILES UP TO DATE, + AVAILABLE IN THE FUTURE AT ALL TIMES + WILL WORK TO GET FILES ON THE NEW COMPUTER PROGRAM TO MAKE THEM EASIER FOR BOTH STATE + INSURERS IN THE FUTURE. THE ADMINISTRATOR WILL BE RESPONSIBLE FOR KEEPING FILES AVAILABLE IN THE HOME.

Andrew Brekness ADM

12-28-12

ANDREW J. BREKNESS

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

**2. DESCRIPTION OF VIOLATION**

The home did not have Resident Contracts for the following residents:  
 Resident #1, date of admission 2/3/12  
 Resident #2, date of admission 10/18/12  
 Resident #3, date of admission 11/1/12  
 Resident #4, date of admission 12/2/11  
 Resident #5, date of admission 5/6/11

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 WRITTEN CONTRACT BETWEEN THE RESIDENT + THE HOME SHALL BE IN PLACE WITHIN 24 HOURS AFTER ADMISSION + THE PLOCS WILL BE KEPT IN THE HOME WITH ALL RESIDENT PLOCS IN THE HOME AT ALL TIMES. THE PLOCS ARE IN THE HOME + WILL REMAIN THERE + AVAILABLE FOR FUTURE REVIEW.  
 RESIDENT CONTRACTS ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Andrew C. Shubert*

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

ANDREW J. SHUBERT, DOM.

Date

12-28-12

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1.11.13  
 (Date)

Signature of Legal Entity Representative

1.11.13  
 (Date)

The above plan of correction was approved by

FB  
 (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2. DESCRIPTION OF VIOLATION**

The home's policy and Procedure Manual states that a Quality Management Plan will be completed in the month of April each year. The home did not have Quality Management Plan reviews in April of 2011 or 2012.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 quality management plan was completed April 15 2012. It is found in the policy & procedure binder. It was not available in terms of inspection. It will be available in the future & it will be kept on file in answer. This plan will be completed in the month of April next year & will be the responsibility of the administrator to ensure it is completed & found in answer.

Quality Mgmt. Plan Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Andrew G. Gresham

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANDREW J. SHARKEY SR. RDM. Date 12-28-12

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

The above plan of correction is approved as of <u>1.11.13</u> (Date)	Signature of Legal Entity Representative <u>1.11.13</u> (Date)
The above plan of correction was approved by <u>FB</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: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2. DESCRIPTION OF VIOLATION**

Administrator A stated that there were no CPR or First Aid training cards in the home to verify that at least one person on each shift is trained in CPR and First Aid.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

CPR + FIRST AID TRAINING WAS COMPLETED. CERTIFICATES ARE INCLUDED + THIS + ALL TRAINING WILL BE KEPT ON FILE FOR ALL APPROPRIATE SHIFT + ADMINISTRATOR + THE ADMINISTRATOR WILL ENSURE THAT THIS IS RECOMPLETED.  
CPR - FIRST AID TRAINING

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew G. Sheehy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. SHEEHY, Sr. Admin.*      Date *12-28-12*

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

The above plan of correction is approved as of 1.11.13 (Date)

The above plan of correction was approved by FB (Initials)

Signature of Legal Entity Representative 1.11.13 (Date)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

**2. DESCRIPTION OF VIOLATION**

Administrator A stated there was no staff record of training for the year 2011 in the home. The training record was to include the individual trained, date, source, and content, length of each course and copies of any certificates on hand.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 RECORDS OF TRAINING ARE ATTACHED. ALL STAFF ARE TRAINED + THIS TRAINING WILL BE INCLUDED.  
 ALL TRAINING RECORDS WILL BE KEPT IN HOME ON FILE + AVAILABLE AT ALL TIMES. THE ADMINISTRATOR WILL ENSURE COMPLIANCE WITH ALL RULES IN THE FUTURE.  
 2011 TRAINING ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Andrew J. Sheehy

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANDREW J. SHEEHY ADM. Date 12-28-12

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

The above plan of correction is approved as of 1.29.13 (Date)

Signature of Legal Entity Representative 1.29.13 (Date)

The above plan of correction was approved by P/B (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

**2. DESCRIPTION OF VIOLATION**

The administrator did not have staff training records to verify that staff received 12 hours of annual training in the year 2011 for the following staff: B,C,D,E,F,G,H,I and J.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 DIRECT CARE STAFF HAVE BEEN TRAINED AT LEAST 12 HRS YEARLY.  
 ALL TRAINING IS DOCUMENTED. FUTURE ISSUES WILL BE IMMEDIATELY  
 IN HOME ON FILE IN THE FUTURE - THIS WILL BE THE  
 ADMINISTRATOR'S RESPONSIBILITY TO ENSURE COMPLIANCE.  
 ANNUAL TRAINING ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Andrew G. Shubert*

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

ANDREW J. SHUBERT ADM

Date 12-28-12

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1-29-13  
 (Date)

Signature of Legal Entity Representative

1-29-13  
 (Date)

The above plan of correction was approved by

FB  
 (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.68(a) - A staff training plan shall be developed annually.

2. DESCRIPTION OF VIOLATION

Administrator A did not have staff training plans for the training year 2011 or for the current training year of 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

Staff training plan for 2011 + 2012 are attached,  
 This training plan is developed annually + will be kept in  
 home on file for future reference + will be the  
 responsibility of the administrator to ensure compliance,  
 2011 - 2012 training plans attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Andrew G. Shewness*

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

ANDREW J. SHENNESS ADM

Date

12-28-12

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1.11.13  
 (Date)

Signature of Legal Entity Representative

1.11.13  
 (Date)

The above plan of correction was approved by

AS  
 (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

1. REGULATION 55 Pa. Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2. DESCRIPTION OF VIOLATION

On 11/27/2012 at approximately 11 AM, there were blue plastic cups for the 26 residents residing in the home. All of these cups were stored on a shelf in the home's dining room area. The cups were marked with the residents' first name. Staff informed the A.R.L. Representative that the cups were used for the administration of medications for each resident. The insides of 14 cups were heavily stained with liquid residue. Staff stated the stains were from residents who receive liquid medication or a choice of a particular liquid used with the consumption of their medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 BLUE CUPS WERE REMOVED AT TIME OF INSPECTION.  
 THE CUPS ARE NO LONGER USED IN SHIELDS. THE RESIDENTS  
 REQUESTED CUPS TO DRINK OUT OF + CUPS ARE NOW WASHED  
 + KEPT IN OUR KITCHEN CABINETS. THERE WILL NO LONGER BE  
 CUPS FOR EACH INDIVIDUAL. SANITARY CONDITIONS WILL BE  
 MAINTAINED BY STAFF.  
 SHIELDS ARE NOW USED FOR DECORATIONS

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew G. Stankiewicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. STANKIEWICZ DOM.*      Date *12-28-12*

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

The above plan of correction is approved as of 1-11-13 (Date)

Signature of Legal Entity Representative 1-11-13 (Date)

The above plan of correction was approved by FLB (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**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.

**2. DESCRIPTION OF VIOLATION**

The home did not have adequate lighting located at the three front entrances of the home in the event residents, staff or guests could be evacuated safely in the event of an emergency.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 ON THE THREE FRONT ENTRANCES WILL BE  
 RESOLVED WITH MOORE'S GENERAL LIGHTS TO INSURE THAT  
 THE LIGHTS COULD BE INSTALLED OR REPAIRED SOONER. OUR  
 CONTRACTOR WILL INSTALL SUCH LIGHTS WITHIN THE MONTH  
 OF JANUARY WHICH WHATEVER PERMITS, WILL BE COMPLETED  
 BY JAN 31 2013,

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew C. Gresham*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. GRESHAM DOM*      Date *12-28-12*

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The above plan of correction is approved as of 1.29.13  
 (Date)

Signature of Legal Entity Representative 1.29.13  
 (Date)

The above plan of correction was approved by EG  
 (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2800.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2. DESCRIPTION OF VIOLATION

Room # 6 is shared by 2 residents. There is no mirror present for the residents' use.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 MIRROR WAS INSTALLED IN ROOM # 6 AT THE TIME OF INSPECTION. ROOM # 6 HAD 1 RESIDENT AT TIME OF INSPECTION + [REDACTED] HAD [REDACTED] MIRROR IN [REDACTED] CLOSET. BUT STAFF WILL INSURE A MIRROR IS AVAILABLE + PRESENT IN EACH RESIDENT ROOM BY CHECKING SUCH ACTIVELY DAILY WHEN DOING ROOM CHECK + MAILING BIRTH

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/21/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrew G. Shuman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. SHUMAN/555 ADM* Date *12-28-12*

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The above plan of correction is approved as of 1.11.13 (Date)

Signature of Legal Entity Representative 1.11.13 (Date)

The above plan of correction was approved by PK (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2. DESCRIPTION OF VIOLATION

The home had 25 gallons of water on hand. Based on the resident census of 26 residents, it was required to have 78 gallons on hand. The home did not have a contract letter from a provider stating that water would be delivered immediately in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

Water contract was reviewed + 25 installed

\* The administrator will assure that the home maintains at least a 3-day supply of nonperishable food + drinking water for residents at the facility.

m  
1/29/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Andrew C. Burkner

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

ANDREW J. BURKNER, ADM.

Date

12-28-12

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1.29.13  
(Date)

Signature of Legal Entity Representative

1.29.13  
(Date)

The above plan of correction was approved by

AB  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2. DESCRIPTION OF VIOLATION**

A letter to the local fire department regarding the address of the home, the location of resident bedrooms, and the type of assistance needed in the event of an emergency was not available for review at the time of inspection.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

Letter to local fire department is attached + is signed hereby to our local fire co. All fire drill procedures will be kept in home + maintained for review at all times + kept up to date. Homeowner will ensure they comply.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Andrew J. Shubert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J. Shubert ADM. Date 12.28.12

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(Date)

Signature of Legal Entity Representative 1.11.13  
(Date)

The above plan of correction was approved by FB  
(Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

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.

2. DESCRIPTION OF VIOLATION

The home did not conduct of a fire safety inspection or a fire drill conducted by a fire safety expert within the last twelve months.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 - fire drill is included + is completed annually. These shall be kept on file in home + on file. This will be the administrator's responsibility to ensure compliance of this

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Andrew G. Gresham

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J. Gresham, RDM. Date 12-28-12

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The above plan of correction was approved by <u>FB</u> (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

Violation Report: 24251 - 1/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

**2. DESCRIPTION OF VIOLATION**

Exit signs were not posted in the 2nd floor hallway to indicate the exit path down the stairs.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

EXIT SIGNS ARE POSTED + PHOTOS INCLUDED  
 ALL SIGNS WILL BE CHECKED BY HEALTH + ADMINISTRATION TO  
 BE SURE THEY ARE PROPERLY POSTED + REMAIN SO.  
 PHOTOS ATTACHED

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew C. Greenberg*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. GREENBERG, RDM.*      Date *12-28-12*

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

The above plan of correction is approved as of 1/11/13  
(Date)

Signature of Legal Entity Representative *[Signature]* 1/11/13  
(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: 24251 - 11/27/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2. DESCRIPTION OF VIOLATION

The following resident Medical Evaluation forms were incomplete and did not contain a list of the resident's medications:  
 Resident # 6, Medical Evaluation Form dated 6/14/12  
 Resident # 7, Medical Evaluation Form dated 6/14/12  
 Resident #8, Medical Evaluation Form dated 6/14/12

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

MED EVALS ARE INCLUDED FOR RESIDENTS # 6, #7 - #8 +  
 ARE INCLUDED, + ALL MEDICAL + RESIDENT RECORDS WILL BE  
 KEPT IN HOME + ON FILE + MAINTAINED TO ENSURE COMPLIANCE  
 + WILL BE MADE AVAILABLE BY THE HOMEWORKER TO ENSURE  
 COMPLIANCE IN THE FUTURE  
 MED EVALS ATTACHED

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/21/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew G. Sheehy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW G. SHEEHY, RPH, M.S.*      Date *12-28-12*

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

The above plan of correction is approved as of 1.11.13  
 (Date)

Signature of Legal Entity Representative *[Signature]* 1.11.13  
 (Date)

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

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2. DESCRIPTION OF VIOLATION

The home was documenting on Resident #1's Medication Administration Record for the month of November 2012, that they were administering two unknown medications. The home did not have orders for these medications and staff could not state what medications they were administering to the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 MAR was reviewed by both nursing staff + administrator and signed drug cards. Two meds being given for which prescriptions were found ~~not~~ were not taken off the MAR + just blanked out. Two pharmacy was made aware they still were listed. A new current, correct MAR was obtained + is now part of Resident #1's MAR. Staff was made aware by re-training to check for both discontinued meds + list administrator and or signature drug now to make a new MAR signed to signature accuracy. Staff + administrator will ensure accuracy in future by checking monthly when new MAR's arrive.

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

Signature of Legal Entity Representative (Required on EVERY Page)      Andrew G. Schubert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      ANDREW J. SCHUBERT, RDM,      Date 12-28-12

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

The above plan of correction is approved as of 1.11.13 (Date)

Signature of Legal Entity Representative 1.11.13 (Date)

The above plan of correction was approved by PJK (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**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.

**2. DESCRIPTION OF VIOLATION**

The home did not have Medication Administration training records. The following staff have administered medication to residents in November, 2012: Direct Care Workers B,C,D,E,F,G,H,I and J.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 STAFF WHO ADMINISTER MEDS ARE TRAINED  
 B, C, F, G, I + J ARE ALL TRAINED. TRAINING IS ATTACHED  
 ALL TRAINING WILL BE KEPT IN HOME IN THE FUTURE + ON FILE  
 + WILL BE AVAILABLE FOR REVIEW AT ANY TIME + WILL BE KEPT  
 UP TO DATE. THIS WILL BE THE ADMINISTRATOR'S RESPONSIBILITY  
 TO FUTURE COMPLIANCE.  
 MED. ADMIN. TRAINING ATTACHED

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

Signature of Legal Entity Representative (Required on EVERY Page) Andrew C. Schubert

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANDREW C. SCHUBERT, DOM      Date 12.28-12

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The above plan of correction is approved as of 1.29.13 (Date)

Signature of Legal Entity Representative 1.29.13 (Date)

The above plan of correction was approved by AFB (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2. DESCRIPTION OF VIOLATION**

Resident # 6 did not have listed in their resident contract dated 4/1/11 on their rights that they had been educated in their right to decline medications if they feel it is in error.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 current Resident Rights for Resident # 6 is attached. The Home's Director has agreed to insure all residents have signed the current list of Resident Rights + will march to agreements for future residents.



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

Signature of Legal Entity Representative (Required on EVERY Page) Andrew C. Shekman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew J. Shekman, MD      Date 12-28-12

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

The above plan of correction is approved as of 1.11.13 (Date)

Signature of Legal Entity Representative [Signature] (Date) 1.11.13

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

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**2. DESCRIPTION OF VIOLATION**

The home does not have a current activity calendar posted in the home for the month of November 2012.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 ALLEGED VIOLATION WAS CORRECTED THE TIME OF INSPECTION WITH THE CORRECT MONTH FOR THE MONTH OF NOV 2012. THE MONTHLY REPORT + STATE WILL CHECK AND UPDATE THE MONTH MONTHLY TO CORRESPOND WITH THE CORRECT MONTH + MONTH SO RESIDENTS COULD FOLLOW THEIR MONTH MONTHLY LESSON CORRECTLY

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew J. Swartz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. SWARTZ ADM*      Date *12-28-12*

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

The above plan of correction is approved as of <u>1.29.13</u> (Date)	Signature of Legal Entity Representative <u>1.29.13</u> (Date)
The above plan of correction was approved by <u>FB</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: 24251 - 11/27/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2. DESCRIPTION OF VIOLATION

The home did not have preadmission forms for the following residents:  
 Resident #1, date of admission 2/3/12  
 Resident #2, date of admission 10/18/12  
 Resident #3, date of admission 11/1/12  
 Resident #4, date of admission 12/2/11  
 Resident #5, date of admission 5/6/11

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

Preadmission forms are completed within 30 days prior to admission + all records will be complete + available for review in the home on file. The administrator will insure that all files remain in the home in the future.

Preadmission forms are attached

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew J. Shirkens*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. SHIRKENS ADM.*      Date *12-28-12*

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

The above plan of correction is approved as of 1.29.13 (Date)

Signature of Legal Entity Representative 1.29.13 (Date)

The above plan of correction was approved by AB (Initials)

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

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2. DESCRIPTION OF VIOLATION**

The home did not have initial resident assessments for the following residents:  
 Resident #1, date of admission 2/3/12  
 Resident #2, date of admission 10/18/12  
 Resident #3, date of admission 11/1/12  
 Resident #4, date of admission 12/2/11  
 Resident #5, date of admission 5/6/11

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

INITIAL RESIDENT ASSESSMENTS ARE DONE FOR EACH RESIDENT IN THIS HOME WITHIN 15 DAYS OF ADMISSION. THESE ASSESSMENTS + ALL RESIDENT RECORDS WILL BE MAINTAINED + KEPT ON FILE IN THE HOME. THE ADMINISTRATOR WILL ENSURE THAT ALL FILES REMAIN IN THE HOME ON FILE FOR REVIEW AT ALL TIMES.  
 ASSESSMENTS ARE ATTACHED

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew J. Shubert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. SHUBERT, ADM.*      Date *12-28-12*

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Signature of Legal Entity Representative 1.29.13 (Date)

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- Not Implemented

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2. DESCRIPTION OF VIOLATION**

The home did not have the initial Support plan for the following Residents:  
 Resident #1, date of admission 2/3/12  
 Resident #2, date of admission 10/18/12  
 Resident #3, date of admission 11/1/12  
 Resident #4, date of admission 12/2/11  
 Resident #5, date of admission 5/6/11

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

WRITTEN SUPPORT PLANS ARE DEVELOPED + IMPLEMENTED WITHIN 30 DAYS OF ADMISSION TO THE HOME FOR EACH RESIDENT. THESE SUPPORT PLANS + ALL RESIDENT RECORDS WILL BE MAINTAINED + KEPT ON FILE IN THE HOME. THE ADMINISTRATOR WILL ENSURE THAT ALL FILES REMAIN IN THE HOME, ON FILE FOR REVIEW AT ALL TIMES  
 SUPPORT PLANS ARE ATTACHED

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrew J. Surprenant*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANDREW J. SURPRENANT ADM*      Date *12-28-12*

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

The above plan of correction is approved as of 1-11-13  
 (Date)

Signature of Legal Entity Representative 1-11-13  
 (Date)

The above plan of correction was approved by PS  
 (Initials)

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- Not Implemented

Violation Report: 24251 - 11/27/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.252 - Each resident's record must include the following information: (1) through (26)

**2. DESCRIPTION OF VIOLATION**

At the time of inspection the home did not have the required information listed in numbers 1 through 26 for Resident Numbers 1 through 5.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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 RESIDENT RECORDS ARE MAINTAINED TO INCLUDE THE REQUIRED INFORMATION LISTED IN NUMBERS 1 THRU 26 FOR ALL RESIDENTS. THESE RECORDS WILL BE MAINTAINED + KEPT ON FILE IN THE HOME AT ALL TIMES + AVAILABLE FOR REVIEW. THIS WILL BE THE ADMINISTRATOR'S RESPONSIBILITY TO ENSURE THIS COMPLIANCE.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Andrew G. Shubert*

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

Andrew J. Shubert, ADM.

Date 12-28-12

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The above plan of correction is approved as of

1.11.13  
(Date)

Signature of Legal Entity Representative

1.11.13  
(Date)

The above plan of correction was approved by

FLB  
(Initials)

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