

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate GETZ PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058  
(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 60  
(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 March 14, 2013 until March 14, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 240500

*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

MAR 14 2013

Mr. Robert Getz, Owner  
Getz Personal Care Home, Inc.  
Getz Personal Care Home  
1026 Scenic Drive  
Kunkletown, Pennsylvania 18058

Dear Mr. Getz:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 29, 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.

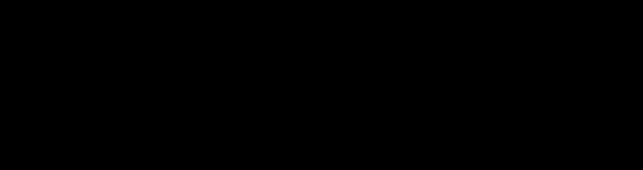

Sincerely,

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

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: GETZ PERSONAL CARE HOME		License Number: 240500
Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Erin Hnat		Region: NORTH
Legal Entity Name: GETZ PERSONAL CARE HOME INC		
Legal Entity Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 01/03/1992 L & I	C-2 LP 08/10/1993 L & I	C-2 LP 09/20/1996 L & I
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 51	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 11/29/2012: Harvey, Jason; Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60 Number of Residents Served: 49 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 		Number of Residents who: 

Violation Report: 24050 - 11/29/2012 - Harvey, Jason  
 PCH Name: GETZ PERSONAL CARE HOME

**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.

**2a. DESCRIPTION OF VIOLATION**

The contract for resident #1 does not contain any dates on it throughout the agreement.

**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.*

11-30-2012 - A new Home Contract was drawn up that included all appropriate dates for admission + signed contract date.

To maintain compliance, Administrator / Administrator designee will review all documents in new admission chart within 48 hours of admission to ensure all documents, including home contract, are completed per regulations. Administrator or Administrator will date + sign enclosed document following 48 hour audit of New Admission chart for documentation that the Home contract is complete.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Robert G. Getz</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz, Owner			Date 12-20-12

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

The above plan of correction is approved as of <u>2/15/13</u> (Date)	Plan of correction implementation status as of <u>2/15/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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: 24050 - 11/29/2012 - Harvey, Jason  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident #1 does not note who the payer is.

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.

11-30-12- A new Home Contract was drawn up that included who the party responsible for payment, or payer, is.

To maintain compliance, Administrator / Administrator designee will review all documents in new admission chart within 48 hours of admission to ensure all documents, including home contract, are complete per regulations to maintain compliance. Administrator or Administrator designee will sign + date enclosed document following 48 hour audit of new admission chart for documentation that Home contract is complete.

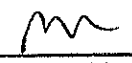
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz, Owner      Date 12-20-12

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 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 2/15/13  
 (Date)

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

Violation Report: 24050 - 11/29/2012 - Harvey, Jason  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The hot water temperature measured 132.6 degrees in the common bathroom located in the north hall.  
 The hot water temperature measured 123.6 degrees from bathroom sink located in resident room #125.

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.

\*Per my notes, no hot water temperatures measured 132.6° during inspection on that day. Both bathrooms measured at 123.6°.

11-29-12 - Water in North hallway was turned down + both the common bathroom + Rm 125 measured below 120°.

11-30-12 - water in both rooms was tested + measured below 120°

12-4-12 - water in both rooms was tested + measured below 120°

12-11-12 - Water in both rooms was tested + measured below 120°

To maintain compliance, Administrator or maintenance director will test water in hallways weekly + adjust water temperatures if need + document.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/17/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Robert G. Getz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz, Owner      Date 12-20-12

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

Plan of correction implementation status as of 2/15/13 (Date)

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

Violation Report: 24050 - 11/29/2012 - Harvey, Jason  
 PCH Name: GETZ PERSONAL CARE HOME


1. REGULATION 55 Pa.Code §2600  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION  
 A review of the home's fire drill log from January 2012 to November 2012 indicates that the home routinely conducts their monthly fire drills approximately on the last day of each month. The monthly fire drills were recorded as follows:  
 1-31-2012  
 2-29-2012  
 3-31-2012  
 5-31-2012  
 6-29-2012  
 7-31-2012  
 8-31-2012  
 9-30-2012  
 11-30-2012.

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.  
 Administrator created yearly calendar of when fire drills must be conducted so that drills are not always falling on the last day of the month + to maintain compliance. This is an ongoing procedure to ensure staff + residents do not know when a fire drill will be held. Schedule is located in Administrator's Fire drill log book + on the Administrator's smart phone + reminders.  
 \* The administrator will assure that residents + staff are not aware of when fire drills will be held @ the home. The administrator will assure ongoing compliance. M 2/15/13

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)		Date
Robert Getz Owner		12-20-12

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Violation Report: 24050 - 11/29/2012 - Harvey, Jason  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2's Advair Diskus 500/50 does not have a date on it. The manufacturer's instructions read: Diskus is good for 1 month after opening foil pouch.

**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.

11-30-12 - Family of Resident #2 brought in a new Advair Diskus 500/50 that was immediately dated per regulations.

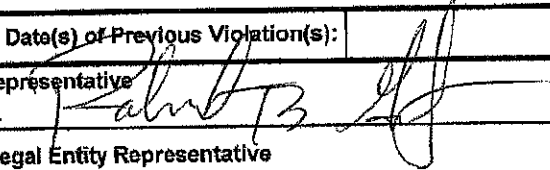
11-30-12 - All medication Technicians were made aware of citation + the importance of dating all medications upon opening them by the LPN + reminders were hung in the medication Room.

To maintain compliance, LPN or Nursing office assistant will audit medication carts weekly to ensure regulation is being followed + all medications are stored under proper conditions of sanitation, Temperature, moisture + light + in accordance with manufacturer's instructions.

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)

Robert Getz Owner

Date

12-20-12

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 (Initials)

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Violation Report: 24050 - 11/29/2012 - Harvey, Jason  
 PCH Name: GETZ PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
 Resident #3's PRN Loratadine 10mg tablet was not on hand.  
 Resident #4 has an order for accu-checks 4 times daily with a sliding scale for coverage. On 11/20/12 Resident #4's blood sugar was 350. 12 units of insulin were administered. According to the sliding scale only 11 units of insulin should have been administered.

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.

11-29-12- Resident #3's PRN Loratadine 10mg tablet was discontinued by physician.

LPN spoke to all medication Technicians individually about resident #4's sliding scale insulin + the importance of making sure the amount of insulin administered is correct

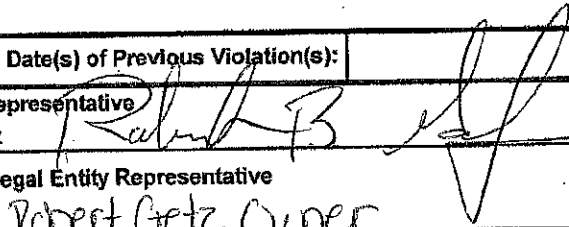
1-10-2013- All medication Technicians will be attending an Insulin / Diabetic Resident training offered by a licensed Dietician / Diabetic Educator.

To maintain compliance, LPN or Nursing office Assistant will audit medication carts weekly to ensure all medications are available as prescribed. Also, weekly audits of MARs will be completed to ensure proper administration of all prescribed medications.

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)

Robert Getz Owner

Date

12-20-12

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