

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate MAPLE VALLEY PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 2212 ANTHONY RUN ROAD, INDIANA, PA 15701
(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 33
(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 8, 2013 until March 8, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 427690

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 21 2013

Mr. John Williams, President
Maple Valley Personal Care Home, Inc.
Maple Valley Personal Care Home
2212 Anthony Run Road
Indiana, Pennsylvania 15701

Dear Mr. Williams:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 11, 2012 and December 13, 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.

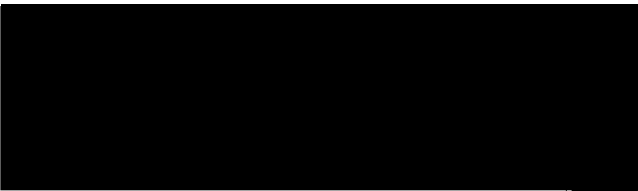
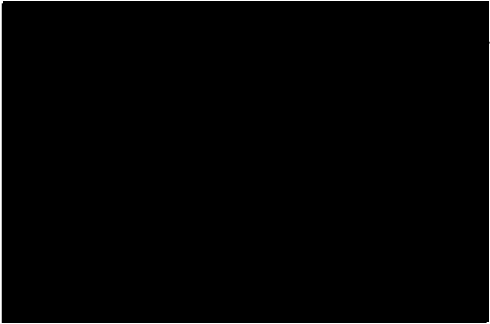
Sincerely,

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: MAPLE VALLEY PERSONAL CARE HOME		License Number: 427690
Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		County: Indiana
Administrator: John Williams		Region: WEST
Legal Entity Name: MAPLE VALLEY PERSONAL CARE HOME INC		
Legal Entity Address: 2212 ANTHONY RUN ROAD, INDIANA, PA 15701		
Certificate(s) of Occupancy C-2 LP 05/23/2007 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 30 Waking Staff: 23		
Type of Inspection: Ind - Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 12/11/2012: Mazza, Larry 12/13/2012: Mazza, Larry		
Off-Site Inspection Dates and Inspectors, if Applicable 		
Other Details Partial or Full Triggers: 225a; 227a Random Indicators: 19; 20b4; 29b4; 57c; 181c		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 29 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 42769 - 12/11/2012 - Mazza, Larry
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home is not connected to a public water system and has not had a coliform water test, by a Department of Environmental Protection-certified laboratory, since 8/13/12.

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.

MAPLE VALLEY PCH WILL BE CONNECTED TO A PUBLIC WATER SYSTEM
 BY APPROXIMATELY JAN 18, 2013

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)	Date
John Williams	1-11-13

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

The above plan of correction is approved as of 1/28/13
 (Date)

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

Plan of correction implementation status as of 1/28/13
 (Date)

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

Violation Report: 42769 - 12/11/2012 - Mazza, Larry
 PCH Name: MAPLE VALLEY PERSONAL CARE HOME

12 23 2013

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

According to the home's fire drill records, exit 6 was one of the exit routes used during every monthly fire drill from the period of November 2011 through November 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.

MAPLE VALLEY WILL USE ALTERNATE EXIT ROUTES AS REQUIRED.
 ADMINISTRATOR WILL MONITOR THIS.
 Exit 6 was not an exit route used for the fire drill conducted on 12/11/12 at 5:58 A.M.
 MS 1/28/13

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) *John Williams* Date

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The above plan of correction is approved as of <u>1/28/13</u> (Date)	Plan of correction implementation status as of <u>1/28/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42769 - 12/11/2012 - Mazza, Larry
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

JAN 23 2013

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Western Field Office
Administrative Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 8/27/12; however, this resident's medical evaluation was completed on 5/17/12, which is more than 60 days prior to the resident's admission to 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.

DME HAS BEEN COMPLETED (SEE ATTACHED)

MAPLE VALLEY PCH HAS DEVELOPED A TRACKING SYSTEM TO VERIFY FUTURE COMPLIANCE (SEE ATTACHED)

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 1-15-13

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

The above plan of correction is approved as of 1/25/13
(Date)

Plan of correction implementation status as of 1/25/13
(Date)

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

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

Violation Report: 42769 - 12/11/2012 - Mazza, Larry
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

JAN 23 2013

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.

2a. DESCRIPTION OF VIOLATION

No initial assessment was completed for resident #1, who was admitted to the home on 8/27/12.

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.

ASSESSMENT HAS BEEN COMPLETED (SEE ATTACHED)

MAPLE VALLEY HAS ^{DEVELOPED} A TRACKING SYSTEM TO VERIFY FUTURE COMPLIANCE (SEE ATTACHED)

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 1-15-13

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The above plan of correction is approved as of 1/25/13
(Date)

Plan of correction implementation status as of 1/29/13
(Date)

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

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

Violation Report: 42769 - 12/11/2012 - Mazza, Larry
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

11/23/13

1. REGULATION 55 Pa.Code §2600

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

Western Field Office
Adult Protective 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 current assessment for resident #2, admitted 11/9/11, was completed on 11/11/11.

The current assessment for resident #3, admitted 9/21/11, was completed on 9/30/11.

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.

ASSESSMENTS FOR RESIDENTS 2+3 HAVE BEEN COMPLETED AS REQUIRED (SEE ATTACHED)

MAPLE VALLEY HAS DEVELOPED A TRACKING SYSTEM TO VERIFY FUTURE COMPLIANCE (SEE ATTACHED)

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)	Date
J Williams	1-15-13

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Violation Report: 42769 - 12/11/2012 - Mazza, Larry
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

Western Field Office

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.

2a. DESCRIPTION OF VIOLATION
No initial support plan was completed for resident #1, who was admitted to the home on 8/27/12.

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.

SUPPORT PLAN HAS BEEN DEVELOPED/WRITTEN AS REQUIRED
(SEE ATTACHED)

MAPLE VALLEY HAS DEVELOPED A TRACKING SYSTEM TO
VERIFY FUTURE COMPLIANCE (SEE ATTACHED)

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 1-15-13

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(Date)

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(Initials)

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

Violation Report: 42769 - 12/11/2012 - Mazza, Larry
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

JAN 23 2013

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The current support plan for resident #2, admitted 11/9/11, was completed on 11/11/11.
The current support plan for resident #3, admitted 9/21/11, was completed on 10/18/11.

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.

SUPPORT PLANS FOR RESIDENTS 2+3 HAVE BEEN COMPLETED (SEE ATTACHED)

MAPLE VALLEY HAS DEVELOPED A TRACKING SYSTEM TO VERIFY FUTURE COMPLIANCE (SEE ATTACHED)

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) *J Williams* Date *1/15/13*

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Violation Report: 42769 - 12/11/2012 - Mazza, Larry
PCH Name: MAPLE VALLEY PERSONAL CARE HOME

12 23 13

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

On 12/11/12 at approximately 4:02 PM, resident records were unlocked and unattended in an upper cabinet located directly outside the administrator's office.

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 RECORDS WERE SECURED LATER THAT AFTERNOON. MED TECHS + LPN'S HAVE BEEN INSTRUCTED + TRAINED ON SECURING RESIDENT RECORDS AT ALL TIMES

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 1-15-13

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- Partially Implemented - Inadequate Progress
- Not Implemented