





MAR 2 1 2013

Ms. Traci J. Schultz, Executive Director  
Wolf Run Village, LLC  
Wolf Run Village  
3750 Route 220 Highway  
Hughesville, Pennsylvania 17737

Dear Ms. Schultz:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 21, 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.

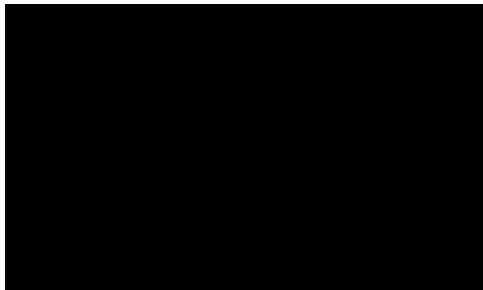
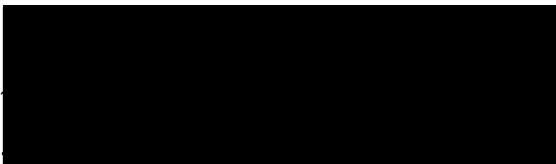
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: WOLF RUN VILLAGE		License Number:
Address: 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA 17727		County: Lycoming
Administrator: TRACI J. SCHULTZ		Region: NORTH
Legal Entity Name: WOLF RUN VILLAGE LLC		
Legal Entity Address: 3750 ROUTE 220 HIGHWAY, HUGHESVILLE,		
Certificate(s) of Occupancy J-2 11/12/2009 CODE INSPECTIONS, INC.		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 67	Working Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/21/2012: Dumas, Gerald, Patton, Leslie		
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: 75	Number of Residents who:	
Number of Residents Served: 67		
Secured Dementia Care Unit in Home: No		
Area:		
Secured Dementia Unit Capacity, if Applicable:		
		

Violation Report: 22140 - 12/21/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600:

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2. DESCRIPTION OF VIOLATION:

Two kitchen trash receptacles did not have lids.

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 members have been made aware of the importance of covered trash receptacles. (12/21/12)

ALL open trash receptacles have been replaced with covered trash receptacles. (12/26/12)

Administrative Staff will inspect monthly to ensure compliance. Inspection will be noted in the Building Check Book. See attached copy of log sheet on page 8.

Office Director will informally inspect weekly for compliance. (1/2/13)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Traci J. Schalte*

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

Traci J. Schalte - Executive Dir.

Date:

1/17/13

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

The above plan of correction is approved as of

2-28-13  
(Date)

Signature of Legal Entity Representative

2-28-13  
(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: 22140- 12/21/2012 - Dumas, Gerald

**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.

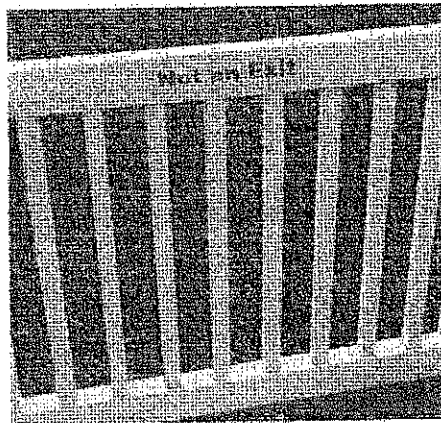
**2. DESCRIPTION OF VIOLATION**


There are two courtyards located at the front and rear of the building where the gates are latched from the outside, thereby preventing the immediate egress from the courtyard. This obstruction is hazardous 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.

The gates referred to above, are not intended to be exits and are not used for egress routes from rooms or the building. The gates in question are for maintenance purposes only. "Not an Exit" signs have been posted on the gates. Please see attached Evacuation Diagram on page 11, letter from Ronald Decker of Code Inspections, Inc., registered with Department of Labor and Industry on pages 9 & 10 and photo of gate below.



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) <i>Traci J. Schulte Executive Director</i>			Date <i>1/17/13</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>2-28-13</u> (Date)		Signature of Legal Entity Representative <u>2-28-13</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	

Violation Report: 22,140 - 12/21/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600:**

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2. DESCRIPTION OF VIOLATION**

The evacuation diagrams posted at entrances to the dining room and in wings A, B, C, and D of the home do indicate where the pull stations or fire extinguishers are located.

**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 five diagrams have been updated with the location of all pull stations and fire extinguishers. A key was added to show blue marks represent the pull stations and green marks represent the fire extinguishers. (12/26/12) Please see attached photos of evacuation diagram on pages 11 & 12.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Traci J. Schultz Executive Director* Date *1/1/13*

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Violation Report: 22140 - 12/21/2012 - Dumas, Gerald

**1. REGULATION 55 Pa. Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2. DESCRIPTION OF VIOLATION**

The home's monthly fire drill record indicate the home used exits A, B, C, and D during the fire drills conducted on the following dates: 1/21/12, 2/3/12, 3/14/12, 6/7/12, 7/27/12, 9/7/12, 10/15/12, 11/5/12 and 12/20/12. The home is not alternating exit routes during fire drills.


**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 fire drills are conducted with a simulated fire. The location of the simulated fire is moved to a different area of the home for each drill. The procedure is for the residents to not cross the simulated fire line. Thus being said, all exits were used for every drill but one exit is only used for those residents on that side of the simulated fire. On all future drill logs the Administrator will note the location of the simulated fire. Two to three times per year, we will also simulate a fire in one of the fire safe rooms in order to completely block the exit. Please see attached new fire drill record on page 13.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date:
Traci J. Schultz Executive Director			1/17/13

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 (Initials)			

Violation Report: 22140 - 12/21/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2. DESCRIPTION OF VIOLATION**

On 12/7/12, two staff persons did not sign the Narcotics Count Sheet per the home's policy to indicate the narcotics were counted by two staff persons during the 3:00pm- 11pm shift and 11:00pm- 7:00am shift.

**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.

On 12/7/12, from roughly 12 noon until 4 AM 12/8/12, the QuickMar system was down and manual counts were completed. Once the system came back up the manual counts were verified as correct by the Executive Director and the sheets were thrown away.

A log book for manual count sheets is now in place to ensure the safe retention of any counts that will need to be completed manually. (12/26/12)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Trac J. Schulte</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Trac J. Schulte Executive Director	1/17/13

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The above plan of correction was approved by <u>CS</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: 22140 - 12/21/2012 - Dumas, Gerald

**1. REGULATION 55 Pa.Code §2600**

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

**2. DESCRIPTION OF VIOLATION**

The home's description of services does not indicate services the home does not provide but will make arrangements for or will coordinate.

**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 description of services has been updated to state that, Wolf Run Village will assist with making arrangements/coordinating any home health services required for residents. Services will be with the agency of the resident's choice. Please see Attached Care Services Sheet on page 14. (12/21/12)

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)				Date
Trac J. Schulte Executive Director				1/17/13

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