

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE SHOOK HOME
LEGAL ENTITY

To operate QUARTERS AT THE SHOOK
NAME OF FACILITY OR AGENCY

Located at 55 SOUTH SECOND STREET, CHAMBERSBURG, PA 17201
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 45
(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 June 17, 2013 until June 17, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 355540

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

Ms. Debra K. Carbaugh, Personal Care Administrator
The Shook Home
Quarters at the Shook
55 South Second Street
Chambersburg, Pennsylvania 17201

Dear Ms. Carbaugh:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 3, 2013, 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: 35554 - 01/03/2013 - Riel, Becky
 PCH Name: QUARTERS AT THE SHOOK

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures were updated on 6/6/2012 but have not been submitted to the municipal emergency management agency.

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.

See attached - Page 2 A of 4. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Debra Carbaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Debra Carbaugh</i>	Date <i>2/5/2013</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4-17-13</u> (Date)	Plan of correction implementation status as of <u>4-17-13</u> (Date)
The above plan of correction was approved by <u>BE</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

2/5/13

Debra Carbaugh
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The Quarters at the Shook
Violation Report 355540
Plan of Correction

A. Regulation 55 Pa. Code 2600.107(d)

1. The Director of Human Resources and Corporate Compliance submitted the facility's written emergency procedures to the Franklin County Department of Emergency Services (hereinafter referred to as the municipal Emergency Management Agency or EMA) on January 22, 2013.
2. The Director of Human Resources and Corporate Compliance or designee will review, update, and submit the facility's written emergency procedures to the EMA annually. Changes to the existing plan will be highlighted for the EMA's ease of reference.
3. The Personal Care Home Administrator or designee will educate all staff on the Violation Report and subsequent Plan of Correction at the regularly scheduled staff meeting on February 7, 2013.
4. The Personal Care Home Administrator or designee will audit the facility's written emergency procedures monthly to identify any updates that were made and ensure that the procedures are submitted to the EMA annually.
5. The Personal Care Home Administrator or designee will report the findings of the audits to the Quality Assurance Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

Violation Report: 35554 - 01/03/2013 - Riel, Becky
 PCH Name: QUARTERS AT THE SHOOK

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 #1 does not include staff initials for the medication, Triamcinolone 0.1% Cream (apply twice daily for dermatitis) at 8pm on 1/1 and 1/2/2013.
- The medication, Simethicone 125mg tab chew (1 tab PRN for gas relief) for Resident #2 was found in the medication cart but was not listed on the medication administration record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

includes 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.

See Attached - Page 3A + 3B of 4. - SE

Repeat Violation: No	Date(s) of Previous Violation(s):	01/17/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Debra Carbaugh*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Debra Carbaugh* Date *2/5/2013*

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

The above plan of correction is approved as of 4-17-13
 (Date)

Plan of correction implementation status as of 4-17-13
 (Date)

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

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

2/5/13 Debra Carbaugh EE

The Quarters at the Shook
Violation Report 355540
Plan of Correction

B1. Regulation 55 Pa. Code 2600.187(a)

1. Resident #1 no longer uses the Triamcinolone 0.1% Cream and it has since been discontinued by the attending physician (please refer to Attachment #3).
2. The Personal Care Home Administrator or designee will perform an initial, one-time audit of all residents' Medication Administration Records (hereinafter referred to as MARs) to ensure that medications no longer being used are discontinued.
3. The Personal Care Home Administrator provided immediate 1:1 verbal education to all Licensed Practical Nurses (hereinafter referred to as LPNs) on medication administration. All LPNs will be reeducated on Medication Administration (via a DVD provided by our Consultant Pharmacist) at the regularly scheduled staff meeting on February 7, 2013.
4. The Personal Care Home Administrator or designee will educate all staff on the Violation Report and subsequent Plan of Correction at the regularly scheduled staff meeting on February 7, 2013.
5. The Personal Care Home Administrator or designee will randomly audit the MARs for 25% of the resident population quarterly to ensure that medications no longer being used are discontinued.
6. The Personal Care Home Administrator or designee will report the findings of the audits to the Quality Assurance Committee quarterly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

Page 3 B of 4
2/5/13 Debra Conway & E

The Quarters at the Shook
Violation Report 355540
Plan of Correction

B2. Regulation 55 Pa. Code 2600.187(a)

1. Simethicone 123 mg tab chew (1 tab PRN for gas relief) was added to Resident #2's MARs (please refer to Attachment #5).
2. The Personal Care Home Administrator or designee will perform an initial, one-time audit of all residents to identify those with PRN medication orders.
3. The Personal Care Home Administrator or designee will audit all residents identified with PRN medication orders to ensure their PRN medications are listed on the MARs as ordered.
4. The Personal Care Home Administrator provided immediate 1:1 verbal education to all LPNs on medication administration. All LPNs will be reeducated on Medication Administration (via a DVD provided by our Consultant Pharmacist) at the regularly scheduled staff meeting on February 7, 2013.
5. The Personal Care Home Administrator or designee will educate all staff on the Violation Report and subsequent Plan of Correction at the regularly scheduled staff meeting on February 7, 2013.
6. The Personal Care Home Administrator or designee will randomly audit 25% of residents with PRN medication orders quarterly to ensure all of their PRN medications are listed on the MARs as ordered.
7. The Personal Care Home Administrator or designee will report the findings of the audits to the Quality Assurance Committee quarterly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

Violation Report: 35554 - 01/03/2013 - Riel, Becky
 PCH Name: QUARTERS AT THE SHOOK

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.

2a. DESCRIPTION OF VIOLATION
 There is no preadmission screening form for Resident #3, admitted 4/28/2012.

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.

See Attached - Page 4 A of 4. - *EE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Debra Carbaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Debra Carbaugh</i>	Date <i>2/5/2013</i>
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The above plan of correction is approved as of 4-17-13
 (Date)

Plan of correction implementation status as of 4-17-13
 (Date)

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

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

2/5/13 Debra Carbaugh EE

The Quarters at the Shook
Violation Report 355540
Plan of Correction

C. Regulation 55 Pa. Code 2600.224(a)

1. A pre-admission screen has been completed for Resident #3 verifying that she is personal care appropriate and her needs can be met by the facility as of the date of completion.
2. The Personal Care Home Administrator or designee will perform an initial, one-time audit of all residents to ensure that they each had a pre-admission screen completed on the Department's form within 30 days prior to admission indicating that their needs could be met by the services provided by the facility.
3. LPNs will utilize a facility-generated checklist with all new admissions to ensure completion of the required forms within the regulatory timeframes (please refer to Attachments #7 and #8). *All Pre-Admission Screening forms will be completed by the date of admission.*
4. The Personal Care Home Administrator or designee will educate all staff on *EE* the Violation Report and subsequent Plan of Correction at the regularly scheduled staff meeting on February 7, 2013.
5. The Personal Care Home Administrator or designee will audit all new admissions monthly to ensure that the checklist and all corresponding forms have been completed.
6. The Personal Care Home Administrator or designee will report the findings of the audits to the Quality Assurance Committee monthly to ensure the solutions are sustained over time. The audits will continue until no longer deemed necessary by the Committee.

* ADMINISTRATOR OR DESIGNEE
TO COMPLETE PREADMISSION.
- EE