



Mailing Date: January 31, 2013
Sent via email to: [REDACTED]

Ms. Paula Sagan-Hahn, Administrator
Lakewood Senior Living-Drums, LLC
Fritzingertown Senior Living Community
159 South Old Turnpike Road
Drums, Pennsylvania 18222

Dear Ms. Sagan-Hahn:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 16, 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

Violation Report: 20166 - 01/16/2013 - Novak, Ryan
 PCH Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #1 passed away in the facility on 12/23/12 the home did not submit an incident report to the Department until 12/26/12. The home did not submit an incident report to the Department within 24 hours.

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.

Two designees of Administrator have been re-oriented in the completion of Incident Report and reporting procedure in relation to this regulation.

Designees will complete and forward incident reports to Regional Office in absence of Administrator

Administrator will monitor (monthly) to ensure compliance with this regulation.

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

Paula Socca Novak RW

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Paula Socca Novak RW</i>	<i>02/20/13</i>

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

The above plan of correction is approved as of <u>1/30/13</u> (Date)	Plan of correction implementation status as of <u>1/30/13</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