

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate TWIN OAKS PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 1100 COWLEY RD, GRANVILLE SUMMIT, PA 16926  
(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 20  
(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 April 20, 2013 until April 20, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 214700

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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**MAR 26 2013**

Ms. Marsha Pepper, Owner  
Twin Oaks Personal Care Home, Inc.  
Twin Oaks personal Care Home  
1100 Cowley Road  
Granville Summit, Pennsylvania 16926

Dear Ms. Pepper:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 25, 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: 21470 - 01/25/2013 - Patton, Leslie  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract in the record of resident #1 (admitted 12/19/12) was not signed by the resident.

**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.*

- Corrected @ time of inspection
- Oversight of administrator
- Administrator will ensure that all contracts are signed by the resident within 24 hours of admission to the home.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marsha Pepper</i>	Date <i>2/26/13</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>3/7/13</u> (Date)	Plan of correction implementation status as of <u>3/7/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 21470 - 01/25/2013 - Patton, Leslie  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

The following products stated on the back of each of them, "if swallowed please call the Poison Control Center."

- In the bathroom, between rooms 1&2: Neutrogena - Oil Free Moisture SPF 15 lotion, 4 oz.
- DoItar General Hand Cream - 12oz
- In the bathroom, between rooms 3&4: Barbasol Shaving Cream - 7oz.
- Aloe Vesta Skin Protectant - 4 oz.

**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 will check all health & beauty aides to ensure they are safe for all residents served in the home. Those stating "if swallowed please call Poison Control", have been removed from the residents bathroom and have been replaced with products that are in compliance with SPW regulations. New items coming in to the home will be checked to ensure compliance.

The administrator will be responsible for securing materials and shall keep poisonous materials locked and inaccessible to residents. M 3/7/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marsha Pepper*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marsha Pepper*      Date *2/26/13*

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Violation Report: 21470 - 01/25/2013 - Patton, Leslie  
 PCH Name: TWIN OAKS 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 bathroom sink between rooms 1&2 had a water temperature of 129.7 degrees Fahrenheit.  
 The bathroom sink between rooms 3&4 had a water temperature of 128.5 degrees Fahrenheit.

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.

- Water temperature has been lowered to meet SPN requirements
- Administrators will check temperature periodically to ensure continued compliance and safety of residents

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marsha Pepper</i>	Date <i>2/23/13</i>
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Violation Report: 21470 - 01/25/2013 - Patton, Leslie  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

**2a. DESCRIPTION OF VIOLATION**  
 The sidewalk leading from the exit near the laundry room and the sidewalk leading from the exit near room #9 were covered with snow at the time of the inspection.

**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.

- Inspectors arrived at the home @ 8:50am - administrator had not had time to clear sidewalks of the snow that had blown off the roof during the night.
- Sidewalks are checked on a daily basis to ensure they are cleared of ice, snow, and obstructions.
- Corrected at time of inspection

\* The administrator will be responsible for monitoring and ongoing compliance

M  
 3/7/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Masha Poppel</i>	Date <i>2-23-13</i>
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Violation Report: 21470 - 01/26/2013 - Patton, Leslie  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
 The home's fire drill records indicate the home has not utilized the exit located near the home's laundry room within the past 12 months during monthly fire drills.

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.

As stated in Regulation 2600.132(F), alternate exits are used during fire drills (these are also recorded on fire drill logs). Although it does not state that all exits be used, in order to remain in compliance, administrator will insist that residents use the laundry room exit during fire drills at least once every 12 months.

The administrator shall be responsible for monitoring monthly fire drills and ensure that alternate exit routes are being used during monthly fire drills.

*M*  
3/7/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marsha Apper* Date *2/26/13*

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Violation Report: 21470 - 01/25/2013 - Patton, Leslie  
 PCH Name: TWIN OAKS PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 was prescribed Loperamide Hydrochloride, however the pharmacy label on the box in the medication cart stated Albuterol 0.083% Inhal,SO.

**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.

- Pharmacy error that was overlooked by staff and administrators. Both will check all prescriptions (medications) as they arrive at the home to ensure proper labeling.  
 - Corrected at time of inspection.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Marsha Pepper*

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

Marsha Pepper

Date

8/23/13

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3/7/13  
 (Date)

Plan of correction implementation status as of

3/7/13  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

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- Not Implemented