

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHARLES P & MARGARET E POLK FOUNDATION
LEGAL ENTITY

To operate POLK PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 301 NORTH STREET, MILLERSBURG, PA 17061
(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 85
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

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 26, 2013 until March 26, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations

No: 306870

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

MAR 26 2013

Ms. Judy Paul, PCH Administrator
Charles P & Margaret E Polk Foundation
Polk Personal Care
301 North Street
Millersburg, Pennsylvania 17061

Dear Ms. Paul:

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.

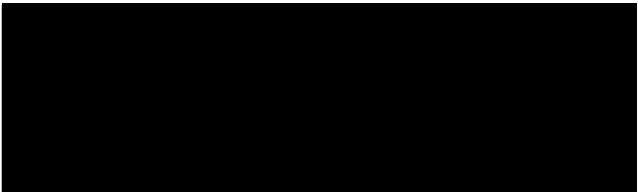
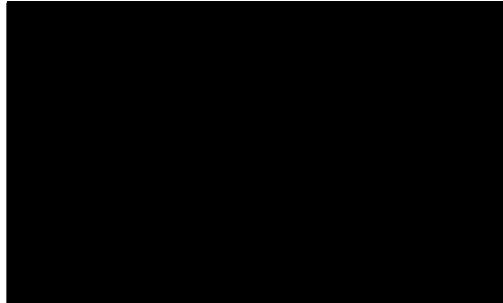
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a stylized flourish at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: POLK PERSONAL CARE		License Number: 306870
Address: 301 NORTH STREET, MILLERSBURG, PA 17061		County: Dauphin
Administrator: Crystal Altland		Region: CENTRAL
Legal Entity Name: CHARLES P & MARGARET E POLK FOUNDATION		
Legal Entity Address: 301 NORTH STREET, MILLERSBURG, PA 17061		
Certificate(s) of Occupancy		
C-2 LP 03/13/2003 Labor & Industry	C-2 LP 11/09/2000 Labor & Industry	C-2 LP 08/15/2001 Labor & Industry
Staffing Hours		
Resident Support: 0	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/25/2013: Minnich, Ron; Riel, Becky		
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: 85 Number of Residents Served: 44 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 30687 - 01/25/2013 - Minnich, Ron
PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1, who receives SSI, dated 6/01/07, specifies that the Resident will retain a personal needs allowance of \$60. The current personal needs allowance is \$85.

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.

An addendum reflecting the current personal needs allowance of \$85 will be attached to resident #1's original contract with resident's signature of acknowledgement of this change/correction. (see attachment)

To prevent future violation of this regulation, any future residents who receive SSI will also sign addendum reflecting the personal needs allowance amount of \$85.

The Administrator, or administrator designee will be responsible to prevent future violations of regulation 2600.25(c)(1). This will be accomplished by monitoring when SSI increases the personal needs allowance.

The above mentioned addendum will be implemented, signed by resident #1, and attached to original contract 2/14/13.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Crystal Allard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CRYSTAL ALLARD Administrator Designee* Date *2/14/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 3-5-13 (Date)

Plan of correction implementation status as of 3-5-13 (Date)

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

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

Violation Report: 30687 - 01/25/2013 - Minnich, Ron
PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

2a. DESCRIPTION OF VIOLATION

The contracts for Resident's #2, #3, #4 and #5 does not have information regarding if the home collects any portion of the rent rebate.

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.

This violation is believed to be incorrect. After further view of resident's #2, #3, #4, and #5 contracts, regulation 2600.25(d) is addressed on page 16 of the contracts under Acknowledgments/Clarifications, number (3).

Please see attachment, page 16 of Polk Personal Care Centers' Resident/Provider Agreement contract.

Violation withdrawn - SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Crystal Altland

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

CRYSTAL ALTLAND, Administrator Designee

Date *2/14/13*

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Violation Report: 30687 - 01/25/2013 - Minnich, Ron
PCH Name: POLK PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #3 self administers medications and stores medications in their room. On 1/25/13, Resident #3 reported that they do not secure their medications in a locked area and that they store their medications in an unlocked drawer next to their bed.

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 #3, as well as [redacted] daughter/designated person were re-educated on 1/26/13 regarding resident responsibilities related to self-administration of medications. Further discussion included requirement of all medications being stored and secured in a locked area, designated by Polk Personal Care Center in the bathroom in the resident room. It was suggested to both parties that if resident wishes to keep medications at bedside nightstand, a lock box must be utilized and kept locked at all times. After further discussion, Resident has agreed to keep all medications locked in vanity in [redacted] bathroom. Resident has demonstrated understanding of this requirement in order to continue to self-administer [redacted] medications. Resident understands that failure to comply with this regulation will result in medications being managed and secured by med-trained caregiver. Med-trained caregiver will monitor residents medication location daily for the next four (4) weeks to assure compliance of medications remaining secured and locked. Administrator or Administrator Designee will oversee self-medicators to validate that appropriate locked areas are being used at all times. Unannounced visits to those residents will occur monthly to assure regulation 2600.181(d) is complied.

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

Signature of Legal Entity Representative (Required on EVERY Page) Crystal Allard

Printed Name and Title of Legal Entity Representative, (Required on EVERY Page) CRYSTAL ALLARD, Administrator Designee Date 2/14/13

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

The above plan of correction is approved as of <u>3-5-13</u> (Date)	Plan of correction implementation status as of <u>3-5-13</u> (Date)
The above plan of correction was approved by <u>GC</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