

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JUST LIKE HOME PERSONAL CARE, LLC
LEGAL ENTITY

To operate JUST LIKE HOME PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 506 GALLITZIN ROAD, CRESSON, PA 16630
(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 14
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 28, 2013 until March 28, 2014
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 324960

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 28 2013

Ms. Jacqueline F. Sweeney, Owner/Administrator
Just Like Home Personal Care, LLC
Just Like Home Personal Care
506 Gallitzin Road
Cresson, Pennsylvania 16330

Dear Ms. Sweeney:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 6, 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.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

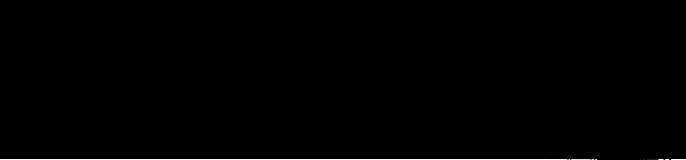
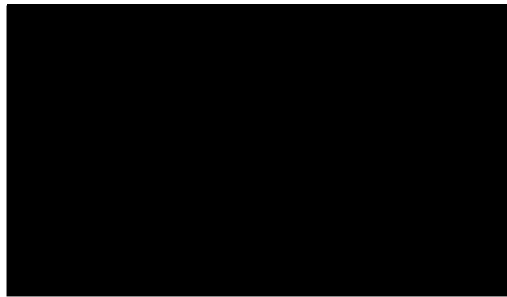
Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish or initials.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: JUST LIKE HOME PERSONAL CARE		License Number: 324960
Address: 506 GALLITZIN ROAD, CRESSON, PA 16630		County: Cambria
Administrator: Jacqueline Sweeney		Region: CENTRAL
Legal Entity Name: JUST LIKE HOME PERSONAL CARE LLC		
Legal Entity Address: 506 GALLITZIN ROAD, CRESSON, PA 16630		
Certificate(s) of Occupancy R-4 10/30/2007 Cambria County		
Staffing Hours	Total Daily Staff: 9	Waking Staff: 7
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/06/2013: McCloskey, Jason; Minnich, Ron		
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: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 32496 - 02/06/2013 - McCloskey, Jason
PCH Name: JUST LIKE HOME PERSONAL CARE

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 for Resident #1 was not signed by the payer.

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.

- ① Administrator will check all paperwork. And make sure all paperwork is signed by resident, designated Payer & self.
- ② Administrator sent Resident #1 contract to designated Payer. And requested a signature. Designated Payer signed & returned contract with signature. (See attached)
- ③ Administrator will check paperwork every 4 months to make sure all paperwork is signed & filled out correctly. & monitor for corrections if required. If admission all paperwork will be signed by designated Payer, administrator, POC & Resident if they are able to sign.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jacqueline F Sweeney

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

Jacqueline F Sweeney

Date

3/4/2013

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

The above plan of correction is approved as of

3-14-13
(Date)

Plan of correction implementation status as of 3-14-13
(Date)

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

The above plan of correction was approved by

JF
(Initials)

Violation Report: 32496 - 02/06/2013 - McCloskey, Jason
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's last quality management review was held August 2011.

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.

- 1) The quality management plan was reviewed & discussed with all staff on Feb 9 2013, Feb 12, Feb 13 2013
- 2) Administrator will discuss and sign revised quality management plan with staff quarterly & staff will sign yearly. We will review Reportable Incidents, Complaint Procedures, Staff Person Training, Licensing Violation & Plans of correction along with Resident Council.
- 3) Once reviewed and discussed administrator & staff will discuss plans of correction & make changes as needed.
- 4) Administrator will check quality management yearly to ensure all staff is trained & have signed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Sweeney Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Sweeney* Date *3/4/2013*

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The above plan of correction is approved as of 3-14-13 (Date)

Plan of correction implementation status as of 3-14-13 (Date)

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

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

Violation Report: 32496 - 02/06/2013 - McCloskey, Jason
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.27(e) - A third-party payment made on behalf of an SSI recipient and paid directly to the home are permitted. These payments may not be used for food, clothing or shelter because to do so would reduce SSI payments.

2a. DESCRIPTION OF VIOLATION

Resident #2 is an SSI recipient. There is no third-party agreement in place specifying how additional payments made to the home on behalf of the resident are being used.

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.

- 1) A third party agreement was put in place with Res #2 third party payer on 3/3/13. & was signed by third party payer.
- 2) Administrator explained to the Third party payer what funds will be used for additional services to include: Trays, Furniture, Appliances, Computers, T.V. sets, Carpet, cooking utensils, desks, Books, Weatherstripping, to replace doors & windows, Insulation, Home cleaning Service, Telephone Bills and Lawn care.
- 3) In the future if a third party payer is involved with a SSI recipient at time of admission a third party agreement will be put in place to ensure SSI recipient funds are not accessed. No third party funds will be used for food, clothing or shelter.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jacqueline F. Sweeney Administrator

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

Jacqueline F. Sweeney

Date 3/4/2013

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The above plan of correction is approved as of 3-14-13
(Date)

Plan of correction implementation status as of 3-14-13
(Date)

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

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

Violation Report: 32496 - 02/06/2013 - McCloskey, Jason
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
Staff Person A did not receive annual training in emergency preparedness or the Older Adults Protective Services Act during the 2012 training year.

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.

- ① Administrator trained staff person # A on the Emergency Preparedness plan on 2/9/2013. Staff Person A signed off on Training. 2/12/2013, 2/13/2013
- ② Administrator will hold sessions with staff on the importance of Emergency Preparedness plan. Training + administrator will monitor documentation.
- ③ In the future administrator will educate all staff on any changes made to existing Emergency Preparedness Plan. + will educate all new hires and volunteers on emergency preparedness plan, fire safety, Resident Rights, Older adult Protection Services, Falls & accident prevention & new population groups that are being served at the time that were not previously served. All staff will sign off on new trained + volunteers.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Josephine F. Swearing* Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J. ALGUESINE F. SWEARING* Date *3/4/2013*

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

The above plan of correction is approved as of <u>3-14-13</u> (Date)	Plan of correction implementation status as of <u>3-14-13</u> (Date)
The above plan of correction was approved by <u><i>JF</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

Violation Report: 32496 - 02/06/2013 - McCloskey, Jason
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
The exit ramp from the living room of the new addition to the side of the home does not have a non-skid surface.

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.

- ① Snow was removed by administrator following inspection on 2/6/2013.
- ② non skid carpet was placed to Exterior RAMP from the living room to prevent falls & to have a safe egress in case of an emergency.
- ③ When weather is to 50 degree a non skid texture paint will be applied to New Ramp from the Exit RAMP of living room & New addition.
- ④ Staff & administrator will check walkways and Ramps for snow & ice when snow is present.
- ⑤ In the future administrator will apply non skid material to all interior stairs, exterior steps and RAMPs.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Fullenweg Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline F. Fullenweg* Date *3/4/2013*

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

The above plan of correction is approved as of <u>3-14-13</u> (Date)	Plan of correction implementation status as of <u>3-14-13</u> (Date)
The above plan of correction was approved by <u><i>JF</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

Violation Report: 32496 - 02/06/2013 - McCloskey, Jason
PCH Name: JUST LIKE HOME PERSONAL CARE

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
On 2/6/13 at 2 pm, the wooden exit ramp leading from the living room of the new addition to the side of the home was covered with snow.

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.

- ① Snow was removed from wooden exit ramp leading from the living room of new addition following state inspection on 2/6/13.
- ② Rock salt was applied to ramp to prevent fall & to provide safe egress in a emergency.
- ③ In the future all exterior steps, ramps & walkways will have snow removed within a short period of time & will be free from snow & ice so that residents will have a safe egress when leaving the facility & in case of an emergency.
- ④ all staff were educated on the importance of removing snow & ice from walkways, ramps & steps.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jacqueline F. Sweeney*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JACQUELINE F. Sweeney* Date *3/4/2013*

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

The above plan of correction is approved as of <u>3-14-13</u> (Date)	Plan of correction implementation status as of <u>3-14-13</u> (Date)
The above plan of correction was approved by <u>JS</u> (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: 32496 - 02/06/2013 - McCloskey, Jason
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2500.101(c) - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

The bedroom occupied by Resident #3 measures 85 square feet. This resident has a mobility need. The home does not have written documentation that the resident can maneuver in the space available.

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.

- ① Resident #3 passed away on 2-15-13. Paperwork was sent to Department of Public Welfare (Harrisburg) order was received for Res. to be in Room. Resident was in Hospice.
- ② Administrator will measure all rooms. and for Room ~~that~~ ^{Least} ~~has~~ ^{then} 100 FT ^{Area} ^{minimum} will place residents with no mobility needs or assistive devices. ^{do not require} including w/c, walkers, special furniture or oxygen equipment in those rooms. If a resident begins to use assistive devices or items specified a medical order from attending Physician will be put in place or resident will be moved to a larger room. (Bedroom) = 100 square feet minimum
- ③ In the future administrator will monitor need admission for mobility needs prior to admission. Only Res with NO mobility needs will be permitted into 85 square foot room all others will be placed in 100 sq ft rooms. ^{Under order from Department of Public Welfare}

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jacqueline F. Leung, Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JACQUELINE F. LEUNG* Date *3/4/2013*

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The above plan of correction is approved as of 3-14-13
(Date)

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

Plan of correction implementation status as of 3-19-13
(Date)

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

Violation Report: 32496 - 02/06/2013 - McCloskey, Jason
PCH Name: JUST LIKE HOME PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 2/6/13, Lantus Solostar, 100 units 3 ml pre-filled pen for Resident #3, was present in the home. The manufacturer's label states, "use within 28 days after initial use." The pen was inside a plastic baggie dated 11/2/12. Staff stated this date was the date of the initial use of the pen.

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 [redacted] from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- ① Insulin pen was removed and disposed of by administrator following inspection on 2/6/2013.
- ② Staff was educated by the administrator on putting dates on insulin opened pens. Pens must be disposed of after 28 days of being opened.
- ③ Discussed with staff (med trained) the importance of watching for expired dates on medications.
- ④ Administration will in the future check the med cart for out dated meds. to include creams, insulin pens, ect. to ensure there is no out dated medication.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Jacqueline F. Levey, Administrator.
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jacqueline F. Levey	3/4/2013.

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

The above plan of correction is approved as of 3-14-13
(Date)

Plan of correction implementation status as of 3-14-13
(Date)

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

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