

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **RENEE STUCKICH**

LEGAL ENTITY

To operate **LYNN HAVEN PERSONAL CARE HOME**

NAME OF FACILITY OR AGENCY

Located at **119 WALNUT STREET, PO BOX 484, BLACK LICK, PA 15716**

(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 **36**
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 **November 25, 2013** until **May 25, 2014**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445161

Robert E. Robinson

ISSUING OFFICER

Michael J. [Signature]

ACTING 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 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 26 2013

Ms. Rose Stuckich, Administrator
P.O. Box 484, 119 Walnut Street
Black Lick, Pennsylvania 15716

RE: Lynn Haven Personal Care Home
License #: 445161

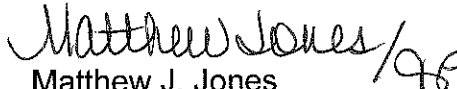
Dear Ms. Stuckich:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 6, 2013, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,


Matthew J. Jones
Acting Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 44516 - 09/06/2013 - Cutter, Jan
PCH Name: Lynn Haven Personal Care Home

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

The new legal entity has not yet completed a new contract or addendum to the contract with the residents admitted prior to the sale closing date of July 12, 2013.

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.

WE WILL, WITH IN 15 DAYS OF RECEIVING OUR NEW LISCENSE, HAVE EACH CURRENT RESIDENT AND DESIGNEE update their current Resident contract to REFLECT THE NEW LEGAL ENTITY NAME AND LISCENSE NUMBER. ALL NEW ADMISSIONS FROM TIME NEW LISCENSE IS RECEIVED WILL SIGN THE corrected contract to show change of legal entity. Administrator will check each Resident Contract to assure all are updated in a timely manner

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Renee Stuckich

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

RENEE STUCKICH - ADMINISTRATOR

Date 10-7-13

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

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

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44516 - 09/06/2013 - Cutter, Jan
PCH Name: Lynn Haven Personal Care Home

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Fire safety expert, [redacted], in a letter dated 3/20/2013, designated a safe evacuation time of 2 minutes 42 seconds. The home exceeded this time on 7/28/2013 with an evacuation time of 3 minutes and 25 seconds; and on 8/13/2013 with an evacuation time of 4 minutes 5 seconds.

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.

WE HAD OUR FIRE SAFETY PLAN RE-DONE. THE LOCAL FIRE CHIEF DESIGNATED NEW ACCEPTABLE TIMES FOR OUR SAFE EVACUATIONS. [redacted] stated that the Home WAS EVACUATED IN 3min 42sec in 3/2013 when he witnessed the fire drill. That was the time that it took that day to safely evacuate all residents. I feel that we need more time as our Resident numbers increase and also for our sleeping hours drill. I have found an old letter from 2009 that shows increased time for Drills. The Local Fire Chief conducted a Fire drill for BOTH waking and sleeping hours and his determination is included in a letter. THE ADMINISTRATOR will work with the Fire department to continue to educate Staff and Residents to assure that our evacuation times fall within the time frames stated. in the future we will conduct Fire drills at least MONTHLY or more often as needed to assure compliance.

A new letter was received from fire safety expert designating a longer safe evacuation time. JSP

Repeat Violation: No Date(s) of Previous Violation(s): [redacted] evacuation time JSP

Signature of Legal Entity Representative (Required on EVERY Page) Renee Stuckert 10-15-13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stuckert - Administrator Date 10/9/13

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

The above plan of correction is approved as of 10-15-13 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 10-15-13 (Date)

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

Violation Report: 44516 - 09/06/2013 - Cutter, Jan
PCH Name: Lynn Haven Personal Care Home

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's most current support plan was completed on 3/12/2012.

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.

RESIDENT #1's Support Plan has been completed. All OTHER RESIDENT support plans completed by past legal entity have been checked and updated as needed to ensure compliance. Administrator or designee will check all support plans monthly to ensure all are completed on time.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Renee Stuckich

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

Renee Stuckich - Administrator

Date

10/17/13

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

The above plan of correction is approved as of 10-15-13
(Date)

Plan of correction implementation status as of 10-15-13
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44516 - 09/06/2013 - Cutter, Jan

PCH Name: Lynn Haven Personal Care Home

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a medical history of Barrett's Disease, Colonic Polyposis, Constipation, Dementia, Depression, Hepatic Encephalopathy, GERD, GI Bleed, Hypertension, Small Bowel Obstruction, Paraplegia, UTI, and has a Suprapubic Catheter. The resident's support plan, dated 3/12/2012, does not address the plan to provide services to meet these needs or who is responsible to meet the needs and how often.

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 #1 Support plan has been completed to reflect all medical diagnosis with a plan of services to meet the residents needs and it specifies the staff responsible to meet these needs. Administrator or Designee will monitor all support plans and assure compliance at least monthly

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stuckich - Administrator Date 10/7/13

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

The above plan of correction is approved as of 10-15-13 (Date)

Plan of correction implementation status as of 10-15-13 (Date)

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

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