



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 06 2014

Ms. Rose M. Handy, President
Country Comfort Alternative Living, Inc.
10546 River Road
New Columbia, Pennsylvania 17856

RE: Country Comfort Alternative Living, Inc.
License #: 202050

Dear Ms. Handy:

As a result of the Department of Public Welfare's licensing inspection on March 14, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

Your regular license for the period May 26, 2014 to May 26, 2015 was issued on March 10, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 20205 - 03/14/2014 - Harvey, Jason
PCH Name: COUNTRY COMFORT ALTERNATIVE LIVING INC

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 dated 5/30/2013 in the record for resident #1 was not signed by the resident's responsible party for payment.

The contract dated 5/28/2013 in the record for resident #2 was not signed by the resident's responsible party for payment.

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. Have responsible party for payment of resident #1 and responsible party for payment of resident #2 sign their contracts.
(Copies attached)

2. Check all other contracts and get additional signatures if necessary

3. In the future, make sure to get both the resident's signature and the responsible party for payment signature when contract is signed.

o The administrator shall monitor and assure ongoing compliance.

Mr
4/9/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rose M. Handy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROSE HANDY, ADMINISTRATOR* Date *3/20/14*

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

The above plan of correction is approved as of 4/9/14 (Date)

Plan of correction implementation status as of 4/9/14 (Date)

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

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