



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 25 2015

Ms. April M. Fulmer, Administrator, Designee
Thomas and Diane Fulmer
333 Ertel Road
Williamsport, Pennsylvania 17701

RE: Fulmers Personal Care Home
201 Woodward Avenue
Lock Haven, Pennsylvania 17745
License #: 347360

Dear Ms. Fulmer:

As a result of the Department of Human Services' licensing inspection on July 9, 2015 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 October 28, 2015 to October 28, 2016 was issued on July 6, 2015. Your regular license remains in good standing.

Sincerely,



A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

PCH Name: FULMERS PERSONAL CARE HOME		License Number: 34736
Address: 201 WOODWARD AVENUE, LOCK HAVEN, PA 17745		County: Clinton
Administrator: JEFFREY FULMER		Region: NORTHEAST
Legal Entity Name: THOMAS AND DIANE FULMER		
Legal Entity Address: 333 ERTEL ROAD, WILLIAMSPORT, PA 17701		
Certificate(s) of Occupancy C-2 LP 08/16/1993 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 0 Total Daily Staff: 85 Waking Staff: 64		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/09/2015: Dumas, Gerald; Yellenic, Cindy		
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: 89 Number of Residents Served: 85 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 62 Are 60 Years of Age or Older: 53 Have Mental Illness: 34 Have an Intellectual Disability: 10 Have a Mobility Need: 0 Have a Physical Disability: 2

Violation Report: 34736 - 07/09/2015 - Dumas, Gerald	
PCH Name: FULMERS PERSONAL CARE HOME	
<p>1. REGULATION 55 Pa.Code §2600 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.</p>	
<p>2a. DESCRIPTION OF VIOLATION The home's Emergency Management Plan/procedures has not been reviewed, updated, or submitted for review since 03-15-2010.</p>	
<p>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.</p> <p>107d Emergency Plan must be sent to local EMA yearly</p> <p>We were erroneously under the impression that the plan was to be sent to the local EMA only if there was a change made to the plan. We review our plan yearly and do yearly staff training on it, but have failed to submit it to our local EMA. [REDACTED] took a copy of the plan to [REDACTED] the coordinator for the Clinton County EMA. [REDACTED] reviewed the plan and signed documentation. See a copy of this. [REDACTED] will take a copy of the plan to that office or will email [REDACTED] yearly for a review. This will be done when the plans are reviewed annually by the administrators.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
April W. Fulmer	8/3/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>8-13-15</u> (Date)	Plan of correction implementation status as of <u>8-13-15</u> (Date)
The above plan of correction was approved by  (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: 34736 - 07/09/2015 - Dumas, Gerald
 PCH Name: FULMERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

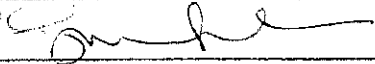
2a. DESCRIPTION OF VIOLATION
 The home's in-operable smoke detector policy does not state how the staff would immediately alert the residents and other staff persons to a fire or other emergency

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 have updated our policy stating that while the detectors are inoperable and if the battery back-up is no longer in use, the staff on duty will wear whistles and do 10 minute checks for signs of fire or smoke. In the event that signs are spotted, they will alert other staff and residents by blowing the whistles. [REDACTED] has ordered the whistles and lanyards. They have been received and are stored in the medication room. Please see copy of updated policy and a copy of the Amazon receipt.

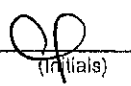
The Adm or Designee will do a periodic check to ensure an adequate number of whistles are on site and ready to be utilized in the event they are needed. CP. 8-13-15

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) April M. Fulmer Date 8/3/15

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