



October 7, 2019

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

RE: Fulmers Personal Care Home
201 Woodward Avenue
Lock Haven, Pennsylvania 17745
License #: 227100

Dear Ms. Fulmer:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 6, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *FULMERS PERSONAL CARE HOME*

License Number: 22710

Address: 201 WOODWARD AVENUE,, LOCK HAVEN, PA 17745

County: CLINTON

Region: NORTHEAST

Administrator

Name: *Jeffrey Fulmer & April Fulmer*

Phone: 5707481829

Email: *FULMERSPCH@AOL.COM*

Legal Entity

Name: *THOMAS AND DIANE FULMER*

Address: 333 ERTEL ROAD, WILLIAMSPORT, PA, 17701

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *08/16/1993*

Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *85*

Waking Staff: *64*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

08/06/2019 - On-Site: Ann O'Haire, Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *89*

Residents Served: *85*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *59*

Are 60 Years of Age or Older: *75*

Diagnosed with Mental Illness: *44*

Diagnosed with Intellectual Disability: *12*

Have Mobility Need: *0*

Have Physical Disability: *0*

101j2 - Bedroom Chairs

Regulations

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Resident #1's bedroom did not have a chair available for the resident.

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.)

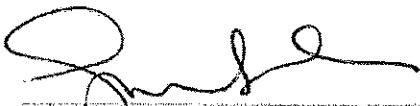
This violation was corrected at the time of inspection, within 2 minutes time.

There are typically chairs in this room, however, one of the residents likes to take her chair out into one of the living rooms where she does crafts.

On August 7 Jeff Fulmer had a resident council meeting where he discussed the requirement of having a chair in each room. He also spoke individually with Resident #1 and his roommate.

Ongoing, the floor supervisor will be doing periodic and random checks in residents' rooms to ensure compliance.

Legal Entity Representative


Signature

April Fulmer, Administrator 8/27/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	<u>8-27-19</u> (Date)	Plan of correction implementation status as of	<u>8-27-19</u> (Date)
The above plan of correction was approved by	<u>MM</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	