

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PHILADELPHIA PRESBYTERY HOMES, INC.

LEGAL ENTITY

To operate ROSEMONT PRESBYTERIAN VILLAGE

NAME OF FACILITY OR AGENCY

Located at 404 CHESWICK PLACE, ROSEMONT, PA 19010

(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 221
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 April 30, 2010 until April 30, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 176630

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

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 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 30 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Garry D. Hennis, COO
Philadelphia Presbytery Homes, Inc.
2000 Joshua Road
Lafayette Hill, Pennsylvania 19444

RE: Rosemont Presbyterian Village
404 Cheswick Place
Rosemont, Pennsylvania 19010

Dear Mr. Hennis:

As a result of the Department of Public Welfare's licensing inspection on August 18, 2009 and August 19, 2009 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 Adult Residential Licensing so that compliance can be verified.

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 "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary



Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rosemont Presbyterian Village 4 Cheswick Place, Rosemont, PA 19010		CURRENT LICENSE NUMBER 176630	
SPECTION DATE 1/8-03/19/2009		REGIONAL REPRESENTATIVE E. Frey, P. Metzger, S. Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 9/1/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/17/09

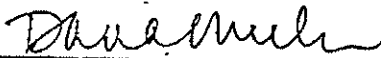

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
a Direct care staff persons shall have the following qualifications: 1. Be 18 years of age or older (exception – 54b). 2. Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse-aide registry. 3. Be free from a medical condition, including drug or alcohol addiction that would limit a staff person from providing necessary personal care services with reasonable skill and safety.	Direct care staff [redacted] hired 08/15/08 and [redacted] hired 03/10/09 did not have documentation on file of a high school diploma, GED diploma or active registry status on the Pennsylvania nurse-aide registry.	9/15/09	1. The documentation to support that the staff cited had the appropriate qualifications has been obtained. 2. An audit was conducted to determine if other staff was missing the required documentation of qualifications. 3. The new hire checklist was revised to assure that all staff qualifications are met pre-employment and HR staff has been trained on the new checklist. 4. Human resources coordinator will review to assure compliance.	4-5-10 JH

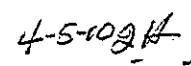
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Rosemont Presbyterian Village 414 Cheswick Place, Rosemont, PA 19010		CURRENT LICENSE NUMBER 176630	
INSPECTION DATE 08/18-08/19/2009		REGIONAL REPRESENTATIVE E. Frey, P. Metzger, S. Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 9/1/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/17/09


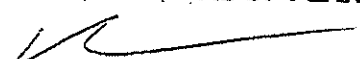
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	There was not at least one staff person for every 50 residents trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation. The homes census is 80; therefore 2 staff are required at all times. For the week of 08/03-08/09/09 the following dates and times did not have at least 2 staff present: <ul style="list-style-type: none"> ▪ 08/03 - 11 PM - 7 AM ▪ 08/04 - 11 PM - 7 AM ▪ 08/07 - 11 PM - 7 AM ▪ 08/08 - 3 PM - 11 PM ▪ 08/08 - 11 PM - 7 AM ▪ 08/09 - 11 PM - 7 AM 	9/15/09	1) Facility QM audit process identified this issue prior to survey and 3 sessions of First Aid Training were scheduled for 8/25, 8/26 and 8/29/2009. The survey team was aware at the time of the survey that the facility had the training scheduled. 2) The staffing schedule has been reviewed and adjusted to assure that the appropriate number of staff trained CPR/First Aid per shift are present. 3) The Director of Resident Services/PC Manager will monitor to assure the appropriate staff and training ratio at all times.	4-5-10 JH

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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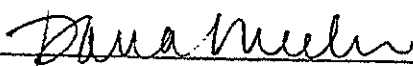

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64a Prior to initial employment as an administrator, a candidate shall successfully complete the following: (1) An orientation program approved and administered by the Department. (2) A 100-hour standardized Department-approved administrator training course. (3) A Department-approved competency-based training test with a passing score.	The administrator who assumed that position on 04/06/2009 had not completed (3) the Department-approved competency-based training test.	9/24/09	<ol style="list-style-type: none"> 1) At the time of the survey, the competency exam was scheduled at nearest testing center by the Licensed Nursing Home Administrator for 9/24/09. 2) Human Resources coordinator will maintain appropriate documentation in HR file demonstrating that the Personal Care Home Administrator Examination is completed prior to hire. 3) Address for bulletins/notices regarding changes in regulations/requirements will be changed with southeast regional office for future mailings and notifications from legal entity address. 	4-5-109 

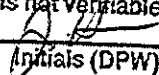
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	There was no documentation that direct care staff/ancillary staff [redacted] date of hire 03/23/09, [redacted] date of hire 03/10/09 and [redacted] date of hire 01/15/09 had this required training within 40 scheduled working hours.	9/24/09	1) Staff members who did not have orientation in required areas received the complete orientation program. 2) An audit was conducted to identify other staff members who have not met this requirement. 3) The facility will review and refine system of providing required orientation within the required time frame. 4) The human resources coordinator has been trained on the policy and will monitor compliance monthly.	4-5-10 JH

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81b Wheelchairs, walkers, prosthetic devices, and other apparatus used by residents shall be clean, in good repair and free of hazards.	The bed in room 110 had an enabler/grip handle. The handle had a space wide enough for a person to get their limbs caught. <u>Repeat Violation – 07/09/08</u>	9/15/09	1) A cover has been obtained and applied to the grip handles/enablers on all identified equipment. 2) The rehab staff will inform PC Manager of all future recommendations for grip handles/enablers and appropriate covering will be ordered. 3) PC Manager will manage all equipment requests for new admissions, re-admissions, and orders from sources other than rehab. 4) The staff/Resident/family was educated as to necessity of covering. 5) The Director of Resident Services will monitor as part of the environmental audit.	Steps have been taken to correct violation; full compliance is not verifiable 4-5-10 Date  Initials (DPW)

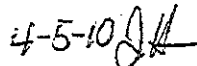
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE 08/18-08/19/2009		REGIONAL REPRESENTATIVE E. Frey, P. Metzger, S. Stone	
SIGNATURE OF LEGAL ENTITY <i>Dana Miller</i>	DATE 9/1/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/09


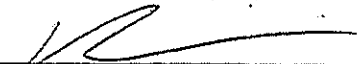
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A container of bleach with the label warning "Danger: corrosive – call physician or poison control if swallowed" and a container of automatic dishwasher powder with the label warning "call physician or poison control if swallowed" were stored unlocked in the cabinet below the sink in room 272D.	10/15/09	<ol style="list-style-type: none"> 1) The resident that resides in room 272 D has a 24 hour per day companion. The materials were removed from resident room 272D during the survey. 2) An environmental audit was conducted to identify other rooms that are out of compliance. 3) The facility reviewed and revised the resident safety assessment process in regard to hazardous materials and documentation thereof. 4) The Director of Resident Services and PC Manger will monitor monthly. 5) The residents will be trained at monthly resident meetings in regard to storage of hazardous materials and will be included in the resident handbook and staff meetings. 	4-5-10 JH

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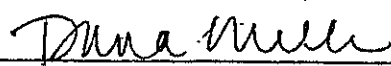
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124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	There was no documentation that the home notified the local fire department of the address of the home, location of bedrooms and assistance needed in evacuation. A letter was prepared and sent to the local fire department during the inspection.	8/19/09	<ol style="list-style-type: none"> 1) The facility maintained a list of immobile residents at all times. A written notification of the location of these residents was sent to the Fire Department on 8/19/09. 2) The Administrator is responsible to maintain the documentation and to report to the Fire Department a change in location for immobile residents. 3) The resident location for evacuation and emergency management policy will be updated monthly and reviewed by Administrator as part of Quality Management Process. The Fire Department will be notified if changes are made to the location of immobile residents. 	4-5-10 


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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 9/1/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/17/09

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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the	<ul style="list-style-type: none"> ▪ The 10/07/08 medical evaluation for resident #1 incorrectly stated that the resident did not receive medication and did not address the resident's ability to self-administer medication. ▪ The 03/09/09 medical evaluation for resident #2 did not list the resident's medication regimen. An attachment with the medical evaluation lists medications but had not been signed or dated by the physician. ▪ The 05/06/09 medical evaluation for resident #3 did not list the resident's medication regimen. An 	10/15/09	1) Resident 1, 2 and 3 medical evaluations are being updated to accurately reflect the residents' status. 2) An Audit will be conducted to identify any other residents who have medical evaluations that do not accurately reflect the residents' status. New evaluations will be completed for any identified inaccurate evaluations. 3) The staff will be trained on the revised policy on medical evaluations. 4) Monthly review through Quality Management process by PC Manager for accuracy and corrections as necessary.	4-5-10 JH

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ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	attachment with the medical evaluation listing the medications was signed by the physician but not dated. <u>Repeat Violation – 07/09/08</u>			4-5-10 

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SIGNATURE OF LEGAL ENTITY <i>Dana Neill</i>	DATE 9/1/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/09

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141b1 A resident shall have a medical evaluation at least annually.	Resident #4 most recent medical evaluation was completed on 07/13/2008.	10/15/09	<ol style="list-style-type: none"> 1) The date on the medical evaluation was verified and corrected. 2) The staff will be trained on the revised policy on medical evaluations. 3) An ongoing audit of medical evaluations through the Quality management process was performed by the PC manager for compliance and corrections as identified. 	<i>4-5-10 JH</i>

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INSPECTION DATE 08/18-08/19/2009		REGIONAL REPRESENTATIVE E. Frey, P. Metzger, S. Stone	
SIGNATURE OF LEGAL ENTITY <i>Diana Miller</i>	DATE 9/1/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/09

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183f 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.	Discontinued medication for resident #6 (Sertraline HCL and Coumadin) had not been disposed of at the time of inspection. They were disposed of before the inspection was completed.	10/25/09	<ol style="list-style-type: none"> 1) Medication was disposed of on 8/19/09 2) Re-education of nursing staff regarding policy and timeline for disposition of discontinued medications. 3) An audit of the MAR will be conducted in regard to discontinued medications and verification that medications have been disposed of properly. 4) An ongoing audit will be conducted by the Director of Resident Services. 	4-5-109 <i>[Signature]</i>



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

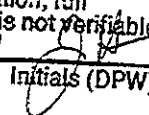
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SIGNATURE OF LEGAL ENTITY <i>Dina Mullen</i>	DATE 9/1/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/09

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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The pharmacy label for resident #6 Coumadin (warfarin) 1 mg did not have the correct dosage. The current order is for ½ tablet 4 times a week while the label said ½ tablet daily.	10/25/09	1) The pharmacy label for resident #6 corrected. 2) The policy will be reviewed with the current pharmacy and nursing staff. 3) The Director of Resident Services will monitor/audit to assure compliance.	<i>4-5-10 [Signature]</i>


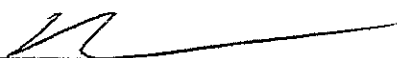
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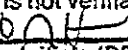
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times.	The medication record for resident #7 instructs the administration of Bumetanide 1mg 3 tablets 2 times daily. The correct instructions are to take Bumetanide 1mg tablet once daily and Bumetanide 2mg tablet once daily. <u>Repeat Violation – 07/09/08</u>	10/25/09	1) Resident #7 received the correct dosage of medication. The medication record for resident #7 was corrected on 8/24/09 to reflect the dosage supplied by the pharmacy. 2) The staff was provided training on the review of medication records and the dosage supplied by the pharmacy. 3) An audit will be conducted by the Director of Resident Services to assure that the medication dosage provided by the pharmacy matches the order on the medical record.	Steps have been taken to correct violation; full compliance is not verifiable Date 4-5-10 Initials (DPW) 

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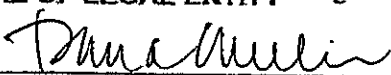
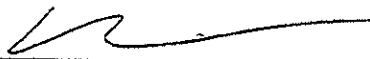
1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW														
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> ▪ Resident #4 did not have their Novolin 10u recorded as given on 08/19/09 at 9 AM. ▪ Resident #6 did not have their Namenda recorded as given on 08/18/09 at 9 PM. ▪ The initials of the staff persons who administered insulin to resident #7 were not recorded on the following dates and times: <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>08/09/09</td><td>4 PM, 9 PM</td></tr> <tr><td>08/10/09</td><td>4 PM, 9 PM</td></tr> <tr><td>08/11/09</td><td>9 PM</td></tr> <tr><td>08/12/09</td><td>4 PM, 9 PM</td></tr> <tr><td>08/13/09</td><td>9 PM</td></tr> <tr><td>08/14/09</td><td>4 PM, 9 PM</td></tr> </tbody> </table> <p>Repeat Violation – 07/09/08</p>	Date	Time	08/09/09	4 PM, 9 PM	08/10/09	4 PM, 9 PM	08/11/09	9 PM	08/12/09	4 PM, 9 PM	08/13/09	9 PM	08/14/09	4 PM, 9 PM	10/25/09	<ol style="list-style-type: none"> 1) An audit and investigation was performed and identified that the residents received the medication. 2) The staff was provided with training on the policy and procedure of documentation the administration of medication upon administering. 3) PC Manager and Director of Resident Services will review and audit weekly for 3 months and monthly thereafter as part QM process. <p align="right">Steps have been taken to correct violation; full compliance is not verifiable Date: 4-5-10  (initials (DPW))</p>	
Date	Time																	
08/09/09	4 PM, 9 PM																	
08/10/09	4 PM, 9 PM																	
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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Rosemont Presbyterian Village 414 Cheswick Place, Rosemont, PA 19010		CURRENT LICENSE NUMBER 176630
INSPECTION DATE 08/18-08/19/2009		REGIONAL REPRESENTATIVE E. Frey, P. Metzger, S. Stone
SIGNATURE OF LEGAL ENTITY 	DATE 9/1/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 11/17/09



1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	<ul style="list-style-type: none"> • On 08/09/09 at 11:30 AM the Accucheck reading for resident #7 was 213. According to the sliding scale as prepared by the physician, 2 units of Novolog should have been administered to the resident. It could not be determined that the medication had been administered because the medication record was not completed for that date. • It could not be determined that resident #7 received the prescribed dose of Lantus on 08/17/09 at 9 PM because the medication record was not completed for that date. <p>Repeat Violation – 07/09/08</p>	10/25/09	<ol style="list-style-type: none"> 1) Resident #7 received the correct dosage of medication. The medication record for resident #7 was corrected on 8/24/09 to reflect the dosage supplied by the pharmacy. 2) The staff was provided training on the review of medication records and the Date dosage supplied by the pharmacy. 3) An audit will be conducted by the Director of Resident Services to assure that the medication dosage provided by the pharmacy matches the order on the medical record. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4-5-10</p> <p>(initials (DPW))</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rosemont Presbyterian Village 414 Cheswick Place, Rosemont, PA 19010		CURRENT LICENSE NUMBER 176630	
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SIGNATURE OF LEGAL ENTITY 	DATE 9/1/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/7/09

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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop; prescription medications and epinephrine injections for insect bites or other allergies.	Staff persons who administer medication did not have all required documentation. <ul style="list-style-type: none"> ▪ [redacted] - did not have copy of original test. ▪ [redacted] - no documentation of certificate of the trainer [redacted] who trained this staff. ▪ [redacted] - no documentation of certificate of the trainer [redacted] who trained this staff. 	10/15/09	1) A copy of the original test for [redacted] was obtained. 2) A copy of the training certificates for [redacted] and [redacted] were obtained. 3) The policy was changed to require that upon hire and annually, the HR coordinator will conduct review of all required documentation regarding medication administration training and trainers. 4) An audit will be conducted monthly by human resources to assure compliance.	4-5-10 JH

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

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202 The following procedures are prohibited: (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.	A bed in room 116 had full length bed rails. The bedrails were removed during the inspection.	10/15/09	<ol style="list-style-type: none"> 1) The bedrails removed from room 116 on 8/19/09. 2) The procedures regarding ordering of DME was reviewed and revised and staff was trained on the changes. 3) The Environmental Audit tool was revised to include identification of bedrails. The Director of Resident Services/Administrator will monitor. 4) Review and Update Resident handbook regarding DME 	4-5-1004 