

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MAPLE VILLAGE, INC.

LEGAL ENTITY

To operate MAPLE VILLAGE

NAME OF FACILITY OR AGENCY

Located at 2815 BYBERRY ROAD, HATBORO, PA 19040

(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 52
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 February 25, 2010 until February 25, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127910

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

FEB 25 2010

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

Ms. Robyn B. Kulp, Executive Director
Maple Village, Inc.
Maple Village
2815 Byberry Road
Hatboro, Pennsylvania 19040

Dear Ms. Kulp:

As a result of the Department of Public Welfare's licensing inspection on September 1, 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 cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary


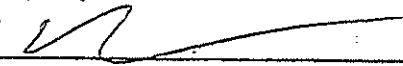
Enclosures
License
Violation Report


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

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village 2815 Byberry Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (Include all dates of the inspection) September 1, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 10/28/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/17/09

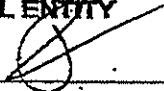
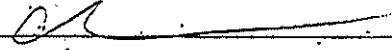
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a1, 224a 22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. 224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	- Resident #1's Preadmission screening did not have a determination as to whether or not the home could meet the needs of the resident. - Resident #2's Preadmission screening did not have a determination as to whether or not the home could meet the needs of the resident. - Resident #3's Preadmission screening did not have a determination as to whether or not the home could meet the needs of the resident.	9-2-09	22a1, 224a Thirty days prior to all admission a determination shall be made and documented on the department's screening form. That needs of the resident can be met by the resident can be met by the services provided by the home. Residents' #1, #2, and #3 was not checked off whether or not the home could meet the needs of the resident. To prevent recurrence, all preadmission screening will be check for accuracy prior to admission to the community. Monitor by Administrator	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)


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25c11 The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	Resident #4's contract states "Community will provide ancillary services, at the option and upon the request of the Resident, in exchange for additional charges as those reflected in the fee schedule attached to this Agreement as Exhibit "A" and incorporated by reference." Exhibit "A" is not attached to the resident's contract.	9-4-09	25C11 The contract shall have a list of fee schedule for services. Resident #4 contract has exhibit "A" attached to her contract. To prevent recurrence, all resident contract will be check for accuracy and routinely monitor by Administrator/ Business Office.	 2/10/10

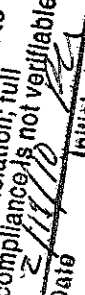
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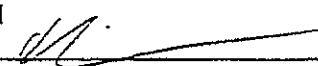
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25d(c) A statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in subsection (a) is to be kept in the resident's record.	The rent rebate form was not signed by Resident #3 and Resident #5.	12/1/09	25c Resident rebate form will be signed by resident and resident's designated person at the time of admission. Resident #3 and # 5 have signed the rent rebate form. To prevent recurrence the business Folder will be check by business manager for accuracy.	 2/10/10

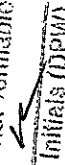
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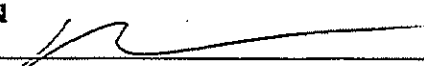
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51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	- Staff member hired on 8/4/08, had a criminal history check completed on 2/25/09. - Staff member hired on 7/20/09, had a criminal history check completed on 9/1/09. - Staff member hired on 3/18/09, had a criminal history check completed on 9/1/09. - Staff member hired on 8/18/08, had a criminal history check completed on 2/25/09. - Staff member hired on 8/18/08, had a criminal history check completed on 2/25/09.	9/5/09	51- 52 All staff prior to hire will have criminal history completed. To prevent recurrence, prior to hire a criminal background history will be completed in accordance with the Older Adult Protective Services Act. (35P.S.§ § 10225.101-10225.5102) and 6Pa. code Chapter 15. Monitor by Human Resources	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)

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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person hired on 11/5/07, completed 8 hours of annual training in 2008.		65e All PC direct care staff persons shall have at least 12 hours of annual training relating to their job duties. PC direct care staff person did not complete the required training. will complete the 4 hours of training by 10/29/09 to prevent reoccurrence the administrator/designee is responsible for maintaining a staff training log. (See attachment A)	Steps have been taken to correct violation; full compliance is not verifiable 2/19/10 Date Initials (DPW) 

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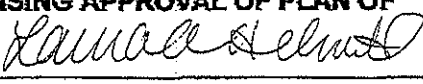
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).	- Direct care staff person hired on 11/5/07, was not trained in the required topics in 2008. - Ancillary staff person, hired on 1/25/07, was not trained in the required topics in 2008.	9-23-09	65g ① Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers will be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).	There have been taken to correct violation; full compliance is not verifiable 2/10/10 Initials (DPW)

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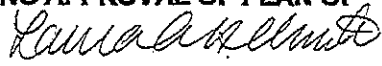
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(5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			<i>Continued (2)</i> (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable. PC direct care staff person and ancillary staff person did not complete the required training. They will complete the above of training by <u>9-13-09</u> to prevent violation from reoccurrence the administrator is responsible of maintaining a staff training log. (See attachment A)	

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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
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.	<p>- A bottle of Clorox bleach labeled "if swallowed call physician or poison control center" and a bottle of Lysol disinfectant spray labeled "if in eyes call poison control center or doctor for treatment" were found in the cabinet under the sink in the bathroom of resident bedroom #102.</p> <p>- A bottle of Tincture of Iodine labeled "Caution! Poison!" and a bottle of liquid corn/callous remover labeled "If swallowed, get medical help or contact a poison control center right away" were found in the medicine cabinet in the bathroom of resident bedroom #212.</p>	12/8/09 <i>UHA</i> 12/8/09	<p>All residents have been assessed And can safely use and store Poisonous materials. Residents will be assessed annually and as needed . If a resident is found to be unsafe all residents will be re-educated About the importance of keeping Their doors locked . all residents Have been educated about safe Storage of poisonous materials. Staff monitors resident rooms Daily to ensure they are kept Locked.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/8/09 Date</p> <p>Initials (DPW)</p>


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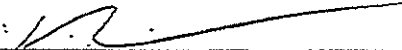
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	- A bottle of tincture antiseptic labeled "in case of accidental ingestion seek professional assistance or contact a poison control center immediately" was found in the medicine cabinet in the bathroom of resident bedroom #101.	9/2/09	To prevent violation from reoccurrence the PCA or designee will routinely check apartments for poisonous materials and follow above procedures. Monitor by Administrator	


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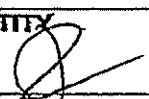

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	Resident bedroom #109 had a telephone with an outside line. The emergency telephone numbers on the phone did not include the number for the personal care home complaint hotline.	9/8/09	91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline are be posted on or by each telephone with an outside line. Personal care home complaint hotline phone number is posted near resident #109 phone. To prevent violation reoccurrence the residents' phones will be check by PCA to make sure the required phone numbers are posted on or by each telephone with an outside line. Monitor by Administrator.	 2/10/10

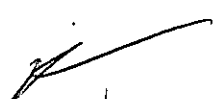
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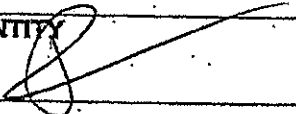
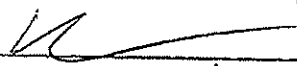
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The lamp in resident bedroom #212 was on the resident's dresser and was not accessible from the resident's bedside.	9/15/09	101j7 Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. Resident #212 lamp in resident bedroom was moved to bedside. To prevent violation from reoccurrence of the violation resident apartment will be checked routinely to assure proper placement of furniture and lamps. Monitor by Administrator.	 2/19/10


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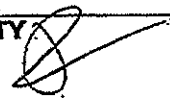

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102k Use of a common towel is prohibited.	The home's "spa" bathroom on the second floor did not have paper towels or an automatic hand dryer.	9/2/09	102 k Paper Towel Dispenser has been installed in the "spa" bathroom on the second floor. To prevent violation from reoccurrence all common bathrooms will be checked to make sure they have a towel dispenser. Monitor by Maintenance Director.	 2/19/10


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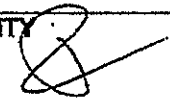

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103g Food shall be stored in closed or sealed containers.	The main freezer in the home's basement had a pile of 5 frozen pie crusts that were not covered.	10-2-09	103g Food shall be stored in closed or seal container. To prevent reoccurrence Dietary General Manager has in-serviced staff on proper storage of food. (See attachment B) Monitor by Dietary General Manager	 2/10/10

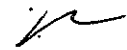
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The home held a fire drill on 12/10/08 at 5:25 am. The fire drill record did not include the number of resident's in the home and the number of residents evacuated.	9/10/09	132c The fire drill held on 12/10/08 at 5:25 am the fire drill record did not include the number of resident's in the home and number of residents evacuated. To prevent violation from reoccurrence The security and maintenance director or designee will document on the fire drill log the number of residents in the community and the number of residents evacuated. Monitor by Administrator	Steps have been taken to correct violation. full compliance is not verifiable 2/19/10 Date  Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village 2815 Byberry Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (Include all dates of the inspection) September 1, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 10/30/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/7/09

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
141a The medical evaluation shall include the following: (8) Body positioning and movement stimulation for residents, if appropriate.	- Resident #1's medical evaluation dated 4/1/09 did not include body positioning; - Resident #2's medical evaluation dated 7/14/09 did not include body positioning.	9/11/09 9/20/09	141a The medical evaluation shall include the following: (8) Body positioning and movement stimulation for residents. If appropriate. Primary Physician for resident #1 will include body position and initial and date of correction. Primary Physician for resident #2 will include body position and initial and date of correction. To prevent reoccurrence medical evaluation will be reviewed by PCA/Med tech and Administrator for accuracy. Monitor by Administrator	 2/10/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village 2815 Byberry Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (Include all dates of the inspection) September 1, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 10/30/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/8/09



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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<ul style="list-style-type: none"> - A bottle of Dulcolax and Anusol were found unlocked in the cabinet above the sink in the bathroom of resident bedroom #102. - A box of Mucinex and a bottle of Tums were found unlocked in the cabinet above the sink in the bathroom of resident bedroom #202. - A tube of Lidocaine cream, a bottle of Vitamin C 500 mg, Tylenol 500 mg, Centrum Silver, Aspirin 81 mg, Tussin Dm, a box of Imodium, sore throat spray, a bottle of Bayer 325 mg, a tube of Antibiotic & Pain relief cream, and a bottle of Vitamin O were found 	9/2/09	<p>183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.</p> <p>Residents #102, 202, 101, and 212 medications has been removed from apartment</p> <p>To prevent reoccurrence a letter was sent on <u>10/30/09</u> to resident and families stating regulation 183b and all medications must be locked in container that locks.</p> <p align="center">Monitor by Administrator.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">12/8/09 Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village 2815 Byberry Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (Include all dates of the inspection) September 1, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laniala Belmont</i>	DATE 12/27/09

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
	unlocked in the medicine cabinet in the bathroom of resident bedroom #101. - A container of Veramyst, a tube of Antifungal itch cream, a box of Imodium, a bottle of aspirin 81 mg, a bottle of Tylenol PM, a tube of Neosporin, a bottle of Dioctyn, a bottle of Antivert, a bottle of Visine tears, and a bottle of hypotears were found unlocked in the medicine cabinet in the bathroom in resident bedroom #212.	9/2/09	Removed with the permission of the resident destroyed in a safe manner The administrator or designee will monitor rooms weekly for medications for residents who can not self-administer medications. 12/27/09 CEM	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village 2815 Byberry Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (Include all dates of the inspection) September 1, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 10/30/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/8/09


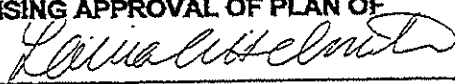
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, 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.	- A tube of Lidocaine cream expired in 1998, a bottle of Vitamin C expired 11/06, a bottle of Tylenol 500 mg expired 12/07, a bottle of Centrum Silver expired 2/03, a bottle of aspirin 81 mg expired 6/07, a bottle of Tussin DM expired 11/02, a box of Imodium expired 2/08, a bottle of sore throat spray expired 2002, a bottle of Bayer 325 mg expired 1/95, a tube of antibiotic & pain relief cream expired 3/06, and a bottle of Vitamin O expired 4/03 were found in the medicine cabinet in the bathroom of resident bedroom #101. - A box of Imodium expired	9/2/09	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. Residents #101, 212, 102, and 202 all expired medication has been destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. To prevent reoccurrence Resident who have medication in apartments will be audited monthly by Administrator or designee.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date: 12/8/09 Initials (DPW):</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village 2815 Byberry Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (include all dates of the inspection) September 1, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kawala Helmutt</i>	DATE 12/8/09



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
	1/07, a bottle of aspirin 81 mg. expired 3/06, a bottle of Tylenol PM expired 3/09, a tube of Neosporin expired 11/98, a bottle of Dioctyn expired 8/96, a bottle of Antivert expired 1/5/06, a bottle of Visine tears expired 3/08, and a bottle of hypotears expired 7/07 were all found in the medicine cabinet in the bathroom of resident bedroom #212. - A bottle of dulcolax expired 5/08, and a bottle of Anusol expired 11/00 were found in the cabinet above the sink in the bathroom of resident bedroom #102.	2/2/09	Removed with the permission of the resident & properly destroyed. The administrator or designee will monitor rooms of residents who can not self-administer medications weekly for expired medications. 12/7/09 CCH	


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

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village 2815 Byberry Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (Include all dates of the inspection) September 1, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 10-30-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 02/2/09

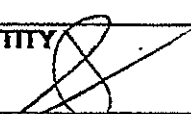

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	- A box of Mucinex expired 12/07 was found in the cabinet above the sink in the bathroom of resident bedroom #202.	9/2/09	Removed with the permission of the resident destroyed in a safe manner	

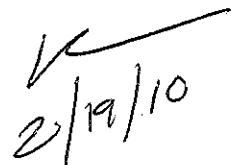
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village 2815 Byberry Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (Include all dates of the inspection) September 1, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 10/30/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/9/09

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	The home did not have documentation that Resident #1, 2, 3, 4, 5, 6, and 7 had been educated on their right to question or refuse medications.	9/29/09	191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept. Resident #1, 2, 3, 4, 5, 6, and 7 have educated on their right to question or refuse medications. Resident Right form which includes right to question or refuse medications. To prevent violation from reoccurrence residents upon admission will be inform of their resident rights which includes right to question or refuse medications. Enhanced living Coordinator will review "Residents Rights which includes right to question or refuse medications. Monitor by Administrator	 2/10/10

**VIOLATION REPORT
PERSONAL CARE HOMES -- 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Maple Village 2315 Byberry Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATE(S) (Include all dates of the inspection) September 1, 2009		REGIONAL REPRESENTATIVE Christine McHale and Chevon Mitchell	
SIGNATURE OF LEGAL ENTITY 	DATE 10-30-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/26/09

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
252 Each resident's record shall include the following information: (3) A photograph of the resident that is no more than 2 years old.	The photographs for Resident #1, 2, 3, 4, 5, and 6 were not dated and therefore it cannot be determined if they are less than 2 years old.	9/3/09	252 Each resident's records hall include The following information (3) a photograph of the resident that is no more than 2 years old. The photograph for Resident # 1, 2, 3, 4, 5, and 6 have been retaken and dated. To prevent violation from reoccurrence all residents photos' will be audited to insure that photos' are dated and current noted on resident photograph log. (See Attachment C) Monitor by Administrator.	 2/19/10