

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LEAH C. ILGENFRITZ

LEGAL ENTITY

To operate LEAH'S VICTORIAN COTTAGE I

NAME OF FACILITY OR AGENCY

Located at 511 PARK AVENUE, SCOTTDALE, PA 15683

(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 30
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 March 5, 2010 until March 5, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429350

Robert E. Robinson

ISSUING OFFICER

Kim 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

MAR 04 2010

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

Ms. Leah Ilgenfritz, Owner
521 Park Avenue
Scottdale, Pennsylvania 15683

RE: Leah's Victorian Cottage I
511 Park Avenue
Scottdale, Pennsylvania 15683

Dear Ms. Ilgenfritz:

As a result of the Department of Public Welfare's licensing inspection on December 16, 2009 and 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".

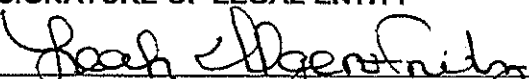
Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

Western Region

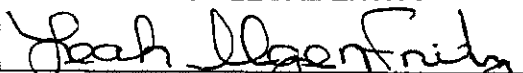
FEB - 8 2010

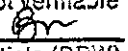
NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottsdale, PA 15683		CURRENT LICENSE NUMBER 429350 Adult Residential Licensing	
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY 	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BAM	DATE 2/22/10

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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The carpeting at the entrance of the bathroom near bedroom #11 was frayed, which is a tripping hazard.	2/8/2010	THE carpeting at entrance of bathroom will be repaired with a wider threshold making sure frayed carpet is no longer a hazard. Carpets will be checked on a monthly basis by Administrator & Maintenance	2/22/10 BAM

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottsdale, PA 15683		FEB 8 2010	CURRENT LICENSE NUMBER Adult Residential Licensing 429350
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY 	DATE 2-2-2018	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BAM	DATE 2/2/10

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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature in the bathroom sinks near bedroom #11 exceeded 120 degrees F. The water in the sink on the left side was 124.8 degrees F and the temperature on the right side was 126.1 degrees F.	12/16/10 1/29/10	The Administrator will ensure that the water temperature is adjusted to correct Temp 120°F or lower Administrator will train staff & Maintenance to check water on a daily basis to ensure water temperature is no higher than 120°F	Steps have been taken to correct violation; full compliance is not verifiable 2/2/10  Date Initials (DPW)

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottsdale, PA 15683		FEB - 8 2010	CURRENT LICENSE NUMBER 429350
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY <i>Leah Legenrich</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DPW</i>	DATE 2/22/10

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
101c Each bedroom for one or more residents with a mobility need shall have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment.	Bedroom #3 has three occupants, one of which uses a walker. The required square footage for this bedroom is 220 but there are only 191 square feet.		<p>THE attached letter from the identified resident's doctor confirms resident is ABLE to safely maneuver through the room without the walker to resident's additional space in bedroom.</p> <p>The Administrator will obtain written documentation from any resident's physician when needed.</p>	2/22/10 DPW

DPW
2/22/10

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottdale, PA 15683		CURRENT LICENSE NUMBER 429350	
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY <i>Leah Hilliard-Goedert</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SGM</i>	DATE 2/22/10

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
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.	Resident #1 did not have a lamp or source of lighting at the bedside. Resident #2 had an inoperable lamp at the bedside. There was an inoperable lamp in bedroom #6 at the bed closest to the door. Repeat Violation 9/29/08	12/16/09 12/16/09 1/29/10	Bedside lamp was placed in the identified resident's room. The Light Bulbs were replaced in the lamps of the identified resident's rooms The Administrators will retain staff to perform weekly daily inspections of lamps in resident's rooms A staff meeting will be held	Steps have been taken to correct violation; full compliance is not verifiable 2/22/10 <i>SGM</i> Date Initials (DPW)

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

Western Region

FEB - 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottsdale, PA 15683		CURRENT LICENSE NUMBER 429350	
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY <i>Leah Algeria</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BPM</i>	DATE 2/2/10

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
102d-1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	The bathroom near bedroom #11 did not have a grab bar at the toilet on the right side.	12/16/09 12/16/09	A Grab Bar was Placed in Bedroom at the right side of toilet Administrative checked All Bathroom to ensure grab BAR's are in place	2/2/10 BPM

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

Western Region
 FEB - 3 11:00
 Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottsdale, PA 15683		CURRENT LICENSE NUMBER 429350	
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hillard-Goedert	
SIGNATURE OF LEGAL ENTITY <i>Joan Hgentrich</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BPM</i>	DATE 2/2/10

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
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have a fire safety inspection within the past year.	2/1/2010	THE Administrator will contact the local fire department to get a fire safety inspection letter completed. When fire drill is done by a fire safety expert. Administrator will make sure a inspection shall be completed and	2/2/10 BPM

documented + verified Annually - A fire inspection & fire drill was conducted on 1/10/09 by the East Huntingdon fire dept. chief. The Administrator will keep documentation available at all times of this annual fire drill & inspection. - BPM 2/2/10

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

Western Region

FEB - 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottsdale, PA 15683		CURRENT LICENSE NUMBER 429350	
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY <i>Leah Hilliard-Goedert</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BGM</i>	DATE 2/22/10

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-2 The medical evaluation shall include the following: (5) Allergies. (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	Resident #3's medical evaluation dated 12/4/09 does not address allergies or medications.	1-30-2010	The medical Evaluation was corrected and Allergies & Medications were updated Res #3 (SEE Attached)	Steps have been taken to correct violation; full compliance is not verifiable Date: <u>2/22/10</u> Initials: <u>BGM</u>
	Resident #4's medical evaluation dated 4/27/09 does not address immunizations.	1-30-2010	The medical Evaluation states that immunizations are up to date Res #4 (See Attached)	
	Resident #5's medical evaluation dated 12/12/08 does not indicate the level of care.	1-30-2010	The medical Evaluation states that level of care is Personal Care Res #5 (See Attached)	
	Resident #6's medical evaluation dated 3/6/09 does not include a mobility assessment.	1-30-2010	The medical Evaluation states mobility, vision, Res #7 (See Attached)	
	Resident #7's medical			

3/3/10 The Administrator will review all medical evaluations to ensure they are complete and include all required information
BGM 2/22/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2609

Western Region

FEB - 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottsdale, PA 15683		CURRENT LICENSE NUMBER 29350	
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY <i>Leah Alger Fritz</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BAM	DATE 2/28/10

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
	evaluation dated 3/16/09 does not include medications.	1-30-2010 2/30/2010	Resident #7 was moved in from Laurel Highland's which was closed down. A medication list was attached to medical evaluation. A new medical evaluation will be completed no later than 3-10-2010. And all medication will be included on form. Administrator will hold a meeting with office staff and make a plan to make sure medical evaluations are completed correctly.	ON FORM

IF they are not correct when received from the physician they will be returned immediately.

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottdale, PA 15683		CURRENT LICENSE NUMBER 429850	
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY <i>Leah Agency</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BFM</i>	DATE 2/2/10

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
181d If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.	The following were found unlocked on a shelf in the shared bedroom of Resident #2: <ul style="list-style-type: none"> • Betamethasone ointment • Albuterol inhaler • Arthritis hot pain relief cream • Triamcinolone lotion 1% Resident #3's Albuterol nebulizer vials were unlocked and on the nightstand of shared bedroom #5. Resident #4's tube of Anbesol was located on the nightstand and not in a locked container of	12/16/09 12/16/09	All Ointment's, Creams and Inhalers were removed from Resident's #2's room A lock box was provided to resident #3 and put in a safe place & a secure location Anbesol was removed from resident's room	Steps have been taken to correct violation; full compliance is not verifiable 2/2/10 <i>DM</i> Date Initials (DPW)

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottsdale, PA 15683		CURRENT LICENSE NUMBER FEB 2010 429350 <i>Adult Residential Licensing</i>
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert
SIGNATURE OF LEGAL ENTITY <i>Leah Hilliard-Goedert</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>
		DATE 2/24/10

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
	shared bedroom #6. Resident #6's Symbicort 160/4.5 inhaler and Spiriva inhaler were stored unlocked on the dresser of shared bedroom #14.	1/28/10	A lock box was provided to resident #6 and put in a safe place in a secured location. (see attached) A policy letter was given to the identified residents on storing medication in bedrooms. Administrator will do monthly room checks to ensure all medication's are kept locked.	

Stallio Administrator will appoint a staff person on each shift to do a physical site inspection of the home to ensure all medicals are locked. Stallio

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

FEB - 8 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottsdale, PA 15683		CURRENT LICENSE NUMBER 429350	
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY <i>Leah Jennifer</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 2/24/10

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #8's assessment dated 10/20/09 does not address diagnoses of hyperlipidemia, bronchitis, myocardial infarct, seizures, urinary tract infection and hyponatremia as listed on the medical evaluation dated 10/16/09.	1-1-2010 2-30-2010	(See attached) The Assessment was corrected and all diagnoses of resident #8 was listed on form. The Administrator will hold a meeting with office staff to ensure Assessment's are done correctly.	2/24/10 BAM

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME Leah's Victorian Cottage I 511 Park Avenue, Scottdale, PA 15683		CURRENT LICENSE NUMBER Adult Residential Licensing 429350	
INSPECTION DATE(S) (Include all dates of the inspection) December 16, 2009		REGIONAL REPRESENTATIVE M. Stepanovich, C. Hilliard-Goedert	
SIGNATURE OF LEGAL ENTITY <i>Leah Alger-Friedly</i>	DATE 2-2-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/24/10

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.	Resident #6's current photo is dated 11/9/06 and Resident #9's current photo is dated 10/9/06.	2/30/2010	A current photo will be taken of identified residents Every two years the Administrator will take photographs of all residents residing in Personal Care Home	2/24/10 <i>[Signature]</i>