

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WATERMARK OPERATOR, LLC

LEGAL ENTITY

To operate ROSE TREE PLACE

NAME OF FACILITY OR AGENCY

Located at 500 SANDY BANK ROAD, MEDIA, PA 19063

(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

149

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26

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 May 4, 2010 until November 4, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132811

Robert E. Robinson

ISSUING OFFICER

Kenneth V. 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

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 06 2010

Mr. David Barnes, Authorized Agent
Watermark Operator, LLC
2020 West Rudasill Road
Tucson, Arizona 85704

RE: Rose Tree Place
500 Sandy Bank Road
Media, Pennsylvania 19063

Dear Mr. Barnes:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 6, 2010, January 7, 2010, January 20, 2010 and April 9, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268, the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
22a4/227a	II	115	\$5	\$575	5 calendar days from mailing date of this letter
51/52	II	115	\$5	\$575	5 calendar days from mailing date of this letter
65g	II	115	\$5	\$575	5 calendar days from mailing date of this letter
141b1	II	115	\$5	\$575	5 calendar days from mailing date of this letter
225c	II	115	\$5	\$575	5 calendar days from mailing date of this letter
141a2	III	115	\$3	\$345	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

Mr. David Barnes

3

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

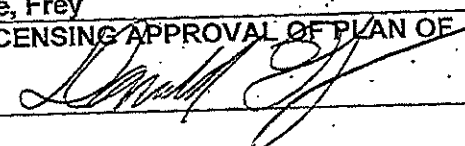
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey". The signature is written in black ink and is positioned above the typed name and title.

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 Rose Tree Place 500 Sandy Bank Road, Media 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey	
SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/27/10

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
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 was admitted to the home on 6/16/2009. The home had not completed a pre-admission screening as required by this regulation.	immediate 4/9/10 JS	Marketing Director or Designee will ensure pre-admission screen is completed prior to admission. Marketing Director will ensure that Marketing Move in Checklist is completed (see attached)	4/9/10 JS

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey	
SIGNATURE OF LEGAL ENTITY <i>Whitney Adams</i>	DATE 2/9/10	REGIONAL LICENSING/APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/27/10

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
<p>22a4 and 227a 22a The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.</p> <p>227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.</p>	<p>It could not be determined that resident #1's support plan had been completed within 30 days after admission because the document was undated.</p> <p>Repeated Violation-12/16/08 et al</p>	<p>Immediate 4/9/10 <i>[Signature]</i></p>	<p>RED or Designee will ensure that all support plans are dated.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/9/10 Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 4/27/10

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
22a5 The following admission document shall be completed for each resident - Resident-home contract completed prior to admission or within 24 hours after admission.	Contract addenda reflecting rate increases had not been signed by the following residents: <ul style="list-style-type: none"> • Resident #2-contract addendum 6/1/08 • Resident #3-contract addendum 6/1/08 • Resident #4-contract addendum 7/26/09 • Resident #5-contract addendum 11/30/09 	immediate 4/9/10 <i>[Signature]</i>	Attachment D will be reviewed with resident responsible party when rate increases occur (see attached). Administrator or Business Manager will sign and a copy will be kept in file, if marked to billable party.	Steps have been taken to correct violation; full compliance is not verifiable 4/9/10 <i>[Signature]</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media 19063		CURRENT LICENSE NUMBER 132810
INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey
SIGNATURE OF LEGAL ENTITY <i>Nichelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 4/27/10

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
25d-4SOP 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 the rent rebate statement of policy is to be kept in the resident's record.	Residents #1, #2, #6, #7, #8, and #9 had not signed the required statement informing the residents of the home's rent rebate policy.	immediate 4/9/10 <i>[Signature]</i> immediate 4/9/10 <i>[Signature]</i>	Rebate policy mailed to responsible parties as residents refused to sign. (see attached) Rebate policy is now included with the lease. Marketing ensures that the addendum is part of the lease.	4/9/10 <i>[Signature]</i>

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INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey
SIGNATURE OF LEGAL ENTITY <i>Nicholas Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 4/27/10

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
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 41d, or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #1 was admitted 6/16/2009. The resident had not signed a statement acknowledging receipt of a copy of the information required by this regulation until 6/29/2009.	immediate 4/9/10 <i>[Signature]</i>	Administrator or Designee will ensure that resident's rights is signed and a copy given to resident/designated responsible party prior to move in or day of move in.	4/9/10 <i>[Signature]</i>

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SIGNATURE OF LEGAL ENTITY <i>Michele Adams</i>	DATE <i>2/9/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>4/27/10</i>

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
<p>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).</p> <p>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.</p>	<p>1)The following staff persons lacked Pennsylvania State Police Criminal History Record Checks:</p> <ul style="list-style-type: none"> • Staff person B-hired 7/16/09 • Staff person E-hired 8/19/08 • Staff person H-hired 1/5/09 • Staff person I-hired 7/28/09 <p>2) Staff person F was hired on 2/10/09. This staff person had not lived in Pennsylvania for two years prior to the date of hire. The home had not completed a criminal history record check by the FBI.</p> <p>3)The home did not have on file Pennsylvania Criminal History Record Checks for individuals J, K, L, and M who are employees by Vitas, a hospice agency that provides services to the residents of the home.</p> <p>Repeated Violation-12/16/08 et al</p>	<p>Immediate <i>4/9/10</i> <i>[Signature]</i></p> <p><i>1/15/10</i></p>	<p>Staff person B Pennsylvania criminal check is attached.</p> <p>Staff person I is no longer employed</p> <p>Staff person E is no longer employed</p> <p>Staff person F was taken off schedule and awaiting FBI check.</p> <p>Vitas Employees J, K and L are attached. Employee M is no longer employed.</p> <p>Vitas is aware we need all criminal checks on Pa. Form. Business Manager</p>	<p><i>[Signature]</i> Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>4/9/10</i> Date <i>[Signature]</i> Initials (DPW)</p>

will monitor.
No new associate will attend orientation without criminal background check

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SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>		DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 4/27/10

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
54a 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 the staff person from providing necessary personal care services with reasonable skill and safety.	The home did not have on file the qualifications as required by this regulation for staff person G, who was hired on 1/31/2006.	1/7/10 On-going	Employee G was taken off direct care schedule until she produced active CNA registry. (See attached) Administrator or Designee will ensure proper documentation of regulation 54a before hire date is obtained.	Steps have been taken to correct violation; full compliance is not verifiable 4/9/10 <i>[Signature]</i> Date Initials (DPW)

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey	
SIGNATURE OF LEGAL ENTITY <i>Nichole Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/27/10

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<p>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.</p>	<p>The home's census was 115 as of the date of the inspection. Staffing records were reviewed for a two week period between 12/20/2009 and 1/3/2010. The home's resident census remained above 100 during this period. As a result the home was required to have 3 staff persons on duty at all times who are trained in first aid and certified in CPR.</p> <p>On the 11 pm to 7 am shift on 12/21/09, 12/22/09, 12/23/09, 12/27/09, 12/28/09, 12/29/09, 12/30/09, and 12/31/09 there were only 2 staff persons on duty who had the required training.</p>	<p>immediate 4/9/10 1/15/10 1/20/10 ongoing</p>	<p>RCD and administrator covered overnight shift to ensure proper amount of CPR certified staff in building. All overnight staff was certified in CPR All overnight staff was certified in first aid. RCD and HR manager will ensure that all staff (overnight) are up to date with CPR/First aid certification</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 4/9/10 Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Nichelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/27/10

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
<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(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). (5) Falls and accident prevention.</p>	<p>Direct care staff persons lacked annual training in all of the areas required by this regulation:</p> <ul style="list-style-type: none"> • Direct care staff person C, hired 10/10/05 lacked annual training in Sections (4) and (5) of this regulation • Direct care staff person D, hired 2/12/08, lacked annual training in Sections (4) and (5) of this regulation • Direct care staff person E, hired 8/19/08, lacked annual training in Sections (3) and (5) of this regulation. <p>Repeated Violation-12/16/08 et al</p>	<p>1/8/10</p> <p>on-going</p>	<p>Direct care C and D received training in sections 4 & 5. (see attached). Direct care staff E is no longer employed at community. Annual required trainings will be reviewed semi-annually to ensure all staff meet requirements of regulation 65g. RC and HR manager will review.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/9/10 <i>[Initials]</i></p> <p>Date Initials (DPW)</p>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey	
SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/27/10


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
65g (continued) (6) New population groups that are being served at the home that were not previously served, if applicable.				Steps have been taken to correct violation; full compliance is not verifiable 4/9/10 <i>[Signature]</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey	
SIGNATURE OF LEGAL ENTITY <i>Cristelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/27/10

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
85a Sanitary conditions shall be maintained.	There was a strong urine odor in the vacant bedroom in Suite 100.	Immediate 4/9/10 JES ongoing	Shampooed carpet Maintenance Director or Designee will ensure all rooms are cleaned within 24 hours after discharge.	4/9/10 JES

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SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/27/10

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 light fixture on the wall in the hallway next to room 106 was broken.	immediate 4/9/10 JSD on-going	Light fixture replaced. Managers will do daily rounds and inform maintenance department of any broken equipment.	4/9/10 JSD

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INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey	
SIGNATURE OF LEGAL ENTITY <i>Michele Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/27/10

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.	<ul style="list-style-type: none"> Hot water temperature at the sink in the men's room in the hallway on the first floor after the elevators was measured at 128°F Hot water temperature at the kitchenette sink in room 108 was measured at 108°F Hot water temperature at the bathroom sink in room 110 was measured at 123°F. 	immediate 4/9/10 <i>JS</i> on-going	Water temperature adjusted Maintenance and housekeeping will monitor water temperatures daily and report discrepancies to the maintenance department for adjustment immediately.	Steps have been taken to correct violation; full compliance is not verifiable 4/9/10 <i>JS</i> Date Initials (DPW)

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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.	Exit routes used for evacuation during fire drills were not specified on the fire drill records. The home listed generic locations i.e., fire towers, fire safe areas.	2/21/10 ongoing	All exit routes will be written on the fire drill record. Administrator will monitor fire drill record monthly to ensure each exit route is listed.	4/9/10 <i>[Signature]</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey	
SIGNATURE OF LEGAL ENTITY <i>Nichelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/27/10

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																																							
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home has a written recommended evacuation time from a fire safety expert of 8 minutes 21 seconds. Fire drill evacuation times were as follows: <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>EvacTime</th> </tr> </thead> <tbody> <tr><td>12/31/09</td><td>2:41 pm</td><td>6 min</td></tr> <tr><td>11/23/09</td><td>7:00 pm</td><td>unrecorded</td></tr> <tr><td>10/29/09</td><td>1:30 pm</td><td>11 min</td></tr> <tr><td>09/17/09</td><td>2:55 pm</td><td>7:55</td></tr> <tr><td>08/18/09</td><td>3:50 pm</td><td>5 min</td></tr> <tr><td>07/31/09</td><td>1:40 pm</td><td>6 min</td></tr> <tr><td>06/04/09</td><td>4:30 am</td><td>8 min</td></tr> <tr><td>05/29/09</td><td>3:50 pm</td><td>6 min</td></tr> <tr><td>04/30/09</td><td>9:30 am</td><td>8 min</td></tr> <tr><td>03/13/09</td><td>5:40 am</td><td>8 min</td></tr> <tr><td>02/28/09</td><td>3:30 pm</td><td>5 min</td></tr> <tr><td>01/28/09</td><td>10:15 am</td><td>5 min</td></tr> </tbody> </table>	Date	Time	EvacTime	12/31/09	2:41 pm	6 min	11/23/09	7:00 pm	unrecorded	10/29/09	1:30 pm	11 min	09/17/09	2:55 pm	7:55	08/18/09	3:50 pm	5 min	07/31/09	1:40 pm	6 min	06/04/09	4:30 am	8 min	05/29/09	3:50 pm	6 min	04/30/09	9:30 am	8 min	03/13/09	5:40 am	8 min	02/28/09	3:30 pm	5 min	01/28/09	10:15 am	5 min	immediate and on-going 4/9/10 5/15/10	Maintenance Director or designee will ensure each fire drill evacuation time meets specified time as stated by fire safety expert. Administrator will review each fire drill monthly. All residents will be evacuated to the designated fire-safe areas and outside of the building in 8 minutes and 21 seconds or less, per [redacted] designation.	✓ Date 4/11/10 Initials (DPW) [Signature]
Date	Time	EvacTime																																									
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Steps have been taken to correct violation; full compliance is not verifiable
 Date 4/11/10
 Initials (DPW) [Signature]

6/1/10 All staff will be trained on fire safe areas and evacuation procedures


9/1/10 the administrator will observe the next 3 fire drills to identify errors in the evacuation



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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey	
SIGNATURE OF LEGAL ENTITY <i>Madams</i>	DATE <i>2/9/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>4/27/10</i>

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
132e A fire drill shall be held during sleeping hours once every 6 months.	The last fire drill held during sleeping hours was on 6/4/2009.	<i>1/2/10</i> <i>Ongoing</i> <i>4/1/10</i>	An overnight fire drill was completed. A calendar for the year will be maintained to ensure that an overnight fire drill is held every six months (see attached). Administrator will ensure calendar is followed to include an overnight fire drill as specified in Regulation 132e.	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>4/9/10</i> Date <i>[Signature]</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) January 6-7, 2010		REGIONAL REPRESENTATIVE Metzger, Stone, Frey	
SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/27/10

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: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The addendum to Resident # 6's 11/24/09 medical evaluation listed medication regimen. This addendum had not been signed and dated by the physician who had completed the medical evaluation. Repeated Violation-12/16/08 et al	Immediate 4/9/10 	PCS will ensure that each medical evaluation includes medication regimen or an addendum which is sign and dated by physician.	Steps have been taken to correct violation; full compliance is not verifiable 4/9/10 Date Initials (DPW) 

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

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SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE <i>2/9/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>4/27/10</i>

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 Steps have been taken to correct violation, full compliance is not verifiable Date Initials (DPW)
141b-1 A resident shall have a medical evaluation at least annually.	<ul style="list-style-type: none"> Resident #1's last medical evaluation was dated 12/17/08 Resident # 5's last medical evaluation was dated 7/9/07 <p>Repeated Violation-12/16/08 et al</p>	<p>Completed <i>4/9/10</i> <i>JF</i></p> <p>Ongoing <i>4/9/10</i> <i>JF</i></p>	<p>Resident number one was admitted on 6/16/09 - (see attached)</p> <p>Resident # 5 medical evaluation updated (see attached)</p> <p>RCD or designee will ensure all medical evaluations are completed annually</p>	<p><i>4/9/10</i> <i>JF</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media 19063		CURRENT LICENSE NUMBER 132810	
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SIGNATURE OF LEGAL ENTITY <i>Madans</i>		DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 7/27/10

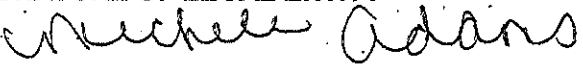

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
182b and 190a 182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home. (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is	The home lacked the required documentation for staff persons who administer medications to substantiate that they had completed the required training for medication administration: <ul style="list-style-type: none"> • Staff person N completed initial medication administration training on 7/28/07. There was no documentation of any annual practicum training since that date. • Staff person O-no record of any training • Staff person P- no record of any training • Staff person Q-no record of successful completion of initial training. • Staff person R-completed initial medication administration training on 8/14/07. There was no documentation of any annual practicum training since that date. 	Immediate 4/9/10 <i>[Signature]</i> on-going 3/30/10	All medication technicians were taken off of medication administration and retrained (see attached) RCO will ensure that annual practicum's are updated. Administrator will attend the Train the Trainer course	4/9/10 <i>[Signature]</i>


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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media 19063		CURRENT LICENSE NUMBER 132810	
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SIGNATURE OF LEGAL ENTITY <i>Michele Adams</i>	DATE <i>2/9/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>4/27/10</i>

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
<p>182b(continued) present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.</p> <p>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</p>				<p><i>4/9/10</i> <i>[Signature]</i></p>

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

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190a (continued) and epinephrine injections for insect bites or other allergies.				4/9/10 

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

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SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/27/10

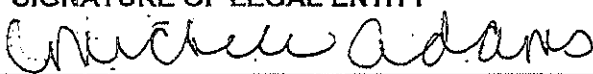

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184a The original container for 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 # 8's Primidone 250 mg incorrectly listed 1 tablet to be given twice daily. The correct instructions were for administration to be once daily.	Immediate 4/9/10 <i>[Signature]</i> On-going	Pharmacy was notified and label was corrected by sending new medications. Medication technicians and nurses will notify pharmacy immediately when label discrepancies occur.	4/9/10 <i>[Signature]</i>


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

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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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident assessments were not completed annually: • Resident # 2-last assessment 9/2/08 • Resident # 4-last assessment 9/2/08 • Resident # 9-last assessment 9/1/08 • Resident # 10-last assessment 8/30/08. Repeated Violation-12/16/08 et al	1/20/2010 and on going	Audit completed and a tickler system developed which will be maintained by PCO and reviewed weekly. Assessments completed (see attached)	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

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227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	The following residents had not signed their support plans and there was no documentation of their refusal or inability to sign: • Resident #4-support plan 8/21/09 • Resident #5-support plan 8/21/09 • Resident #11-support plan 8/22/09	2/9/10	Reviewed process with nursing staff on obtaining signatures on residents support plans who reside in the secured dementia unit. Support plans completed with signatures (see attached) Resident care director will monitor signatures monthly.	Steps have been taken to correct violation; full compliance is not verifiable 4/9/10  Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Nichelle Adams</i>	DATE 2/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/27/10

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
231f In addition to the requirements in 225, the resident shall also be assessed annually for the continuing need for the secured dementia care unit.	Residents # 4 and 11 have lived in the home's secured dementia care unit for over a year. Annual assessments for their continuing need for the secured dementia care unit had not been completed.	2/9/10	Assessments will include the continuing need for the secured dementia unit. (see attached) Resident Care director will ensure assessments include the continuing need for the secured dementia unit, when assessments are due.	Steps have been taken to correct violation; full compliance is not verifiable. 4/9/10 <i>[Signature]</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank, Media, PA - 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) January 20, 2010		REGIONAL REPRESENTATIVE Justin Trupp, Jacob Herzing	
SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Hlub</i>	DATE 4/12/10

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	The following incidents were not reported to the Department: Resident #1 did not receive the following prescribed medications: <ul style="list-style-type: none"> • Trazodone HCL 12.5mg at 9:00am and 5:00pm on 12/1/09-12/6/09 • Trazodone HCL 25mg at 9:00am and 5:00pm on 12/1/09-12/6/09 • Triamcinolone Acetonide 0.1% at 9am and 5pm on 1/1/10-1/3/10 Resident #2 did not receive the following prescribed medication: <ul style="list-style-type: none"> • Docusate Sodium 100mg at 5:00pm on 1/18/10 	Immediate 3/26/10 <i>4/21/10</i> 1/26/10	All incidents will be reported within twenty four hours of discovery per DPW regulation All nursing staff reeducated on the reporting of incidents including potential medication errors (see attached)	

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SIGNATURE OF LEGAL ENTITY <i>Nichelle Adams</i>	DATE <i>3/26/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A. Helms</i>	DATE <i>4/21/10</i>

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	<p>Resident #3 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Peri Colace at 9:00am on 1/4/10 <p>Resident #4 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Calcium with Vitamin D 600mg-400 at 9:00am on 1/4/10 <p>Resident #5 did not receive the following prescribed medications:</p> <ul style="list-style-type: none"> • Loratadine 10mg at 9:00am on 1/4/10 • Metoprolol SUCC ER 100mg at 9:00am on 1/4/10 <p>Resident #6 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Omeprazole 20mg at 9:00am 	<p><i>1/24/10</i></p> <p><i>5/15/10</i></p> <p><i>6/11/10</i></p>	<p><i>Staff were trained on the definition of a medication error as defined by Chapter 2600.</i></p> <p><i>All staff will be trained on the home's reportable incident policy + procedures upon hire and annually thereafter.</i></p> <p><i>A list of items considered reportable by Chapter 2600 will be provided to each staff person.</i></p>	

DATE 4/21/10

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Nichelle Adams</i>	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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	<p>on 1/7/10</p> <p>Resident #7 did not receive the following prescribed medications:</p> <ul style="list-style-type: none"> • Foradil 12mcg at 9:00am on 1/4/10 • Omeprazole 20mg at 9:00pm on 1/2/10 <p>Resident #8 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Amlodipine Besylate 5mg at 9:00am on 1/4/10 <p>Resident #9 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Glipizide ER 2.5mg at 9:00am on 1/4/10 <p>Resident #10 did not receive the following prescribed medication:</p>			

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	<ul style="list-style-type: none"> • Vitamin C 500mg at 9:00pm on 1/10/10 Resident #11 did not receive the following prescribed medication: <ul style="list-style-type: none"> • Senna 8.6mg at 8pm on 1/18/10 The following incidents were not reported to the Department within 24 hours: Resident #1 did not receive their prescribed Avelox 400mg and Mucinex DM once daily for 10 days on 12/17/09-12/21/09. This incident was not reported to the Department within 24 hours. The home notified the resident, designated person and the primary care physician on			

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	<p>12/21/09 at 12:00pm. The incident was reported to the Department on 12/24/09 at 2:00am.</p> <p>Resident #12 did not receive their medication Aricept 10mg one tablet by mouth at bedtime on 12/1/09-12/22/09. This incident was not reported to the Department within 24 hours. The home notified the resident, designated person and the primary care physician on 12/22/09 at 12:00pm. The incident was reported to the Department on 12/23/09 at 8:00pm.</p>			

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank, Media, PA - 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) January 20, 2010		REGIONAL REPRESENTATIVE Justin Trupp, Jacob Herzing	
SIGNATURE OF LEGAL ENTITY <i>Nichelle Adams</i>	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura H. Helt</i>	DATE 4/21/10

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
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	On 1/10/10 the fire alarm sounded throughout the building due to an oven emitting smoke in room 338. All of the residents on the first floor evacuated to the sitting area and lounge located at the east side of the building. The first floor sitting area and lounge have not been designated as fire safe areas.	4/2/10 6/1/10 K 9/1/10	All staff will be trained on the fire safe areas in the building according to the letter issued by the fire safety expert. The administrator will observe the next three consecutive fire drills to ensure residents are evacuating only to areas identified by a fire safety expert or to the outside of the building.	

LW 9/21/10

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SIGNATURE OF LEGAL ENTITY <i>Nicholas Adams</i>	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura [Signature]</i>	DATE 4/2/10

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
185b At a minimum, the procedures in 185a shall include: (1) Documentation of the receipt of controlled substances and prescription medications.	The homes medication and medical equipment procedures did not include the process for documenting the receipt of control substances and prescription medications.	1/26/10	The Home's procedure for documenting receipt of controlled substances was reviewed with all appropriate staff (see a attachment A) All narcotics received without a declining balance sheet will be issued an individual patients narcotic record counts sheet (see a attachment b.)	

6/1/10 The home's medication policy + procedures will be updated to include how controlled substances and other prescription medications are accounted for upon receipt and what documentation is made/kept

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SIGNATURE OF LEGAL ENTITY <i>Michele Adams</i>	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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	<p>IU and Peri Colace.</p> <ul style="list-style-type: none"> • A dosage for Peri Colace. <p>Resident #12's MAR dated 12/1/09 did not include:</p> <ul style="list-style-type: none"> • A diagnosis for the medications Finasteride 5mg, Metoprolol Tartrate 25mg, Multivitamin tablet, Namenda 10mg, Simvastatin 20mg, Allopurinol 100mg, Colace 50mg, Digoxin 0.125mg, Ferrous Sulfate 325(65)mg, Fiber Lax tablet, Warfarin Sodium 5mg, and Aricept 10mg. • A dosage for the Multivitamin tablet and the Fiber Lax tablet. <p>Resident #13's MAR dated</p>			

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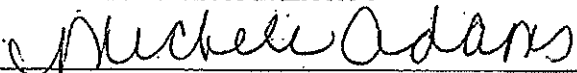
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	1/1/10 did not include: • A diagnosis for the medications Namenda 10mg and Vitamin D2 Softgel 50000units.			

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SIGNATURE OF LEGAL ENTITY <i>Michele Adams</i>	DATE <i>3/26/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Elliott</i>	DATE <i>4/21/10</i>

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.	Resident #1's MAR dated 12/1/09 did not include staff initials indicating that the following medications were administered as prescribed: <ul style="list-style-type: none"> • Detrol LA 4mg at 9:00pm on 12/19/09 • Furosemide 20mg at 9:00am on 12/4/09 • Trazodone HCL 12.5mg at 9:00am on 12/7/09-12/13/09 and at 5:00pm on 12/2/09-12/16/09 • Trazodone HCL 25mg at 9:00am on 12/7/09-12/20/09 and at 5:00pm on 12/7/09-12/19/09 • Avelox 400mg at 9:00am on 12/19/09, 12/20/09, and 12/21/09. The antibiotic Avelox 400mg was ordered to 	<i>3/24/10</i>	MAR's will be reviewed at the end of each shift by a licensed nurse to ensure all medications have been initiated and administered (see attachment c). The audits will be reviewed by the resident care director or designee weekly to verify compliance.	

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SIGNATURE OF LEGAL ENTITY 	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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	treat Resident #1's lung infection on 12/17/09. Resident #1 was sent to Delaware County Memorial Hospital on 12/21/09 and admitted with pneumonia. <ul style="list-style-type: none"> • Mucinex DM at 9:00am and 5:00pm on 12/19/09, 12/20/09, and 12/21/09 • Triamcinolone Acetonide 0.1% at 9am and 5pm on 1/4/10-1/20/10. Resident #2's MAR dated 1/1/10 did not include staff initials indicating that the following medications were administered as prescribed: <ul style="list-style-type: none"> • Levothyroxine 100mcg at 6:00am on 1/4/10. 			

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SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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	<p>Resident #3's MAR dated 1/1/10 did not include staff initials indicating that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Vesicare 5mg at 9:00am on 1/5/10 and 1/6/10 • Peri-Colace at 9:00am on 1/5/10, 1/6/10, and 1/7/10. <p>Resident #3's medication Vitamin D 50000 IU was discontinued on 1/5/10. Resident #3 received Vitamin D 50000 IU on 1/9/10 and 1/15/10.</p> <p>Resident #4's MAR dated 1/1/10 did not include staff initials indicating that the following medications were administered as prescribed:</p>			

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	<ul style="list-style-type: none"> • Acetaminophen ER Caplet 650mg at 5:00pm on 1/9/10 and at 1:00pm on 1/10/10. <p>Resident #5's MAR dated 1/1/10 did not include staff initials indicating that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Cymbalta 60mg at 9:00am on 1/8/10-1/9/10 • Ferrous Fumarate 324mg at 9:00am on 1/9/10 • Ipratropium Bromide 21mcg/spray 0.03% at 9:00am on 1/6/10; 1:00pm on 1/6/10 and 1/11/10; and 5:00pm on 1/6/10 • Mirtazapine 15mg at 9:00pm on 1/12/10. 			

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	<p>Resident #6's MAR dated 1/1/10 did not include staff initials indicating that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Lyrica 50mg at 9:00am on 1/9/10. <p>Resident #7's MAR dated 1/1/10 did not include staff initials indicating that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Foradil 12mcg at 5:00pm on 1/9/10 and 1/16/10 • Oyster Shell Calcium with Vitamin D 500mg at 5:00pm on 1/10/10. <p>Resident #8's MAR dated 1/1/10 did not include staff initials</p>			

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	<p>indicating that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Acetaminophen ER 650mg at 1:00pm on 1/7/10, 1/8/10, 1/10/10, and 1/11/10 • Oyst-Cal-500 500mg at 9:00am on 1/9/10 and 1/11/10; and at 5:00pm on 1/10/10, 1/16/10, and 1/17/10 • Vitamin D3 400units at 9:00am on 1/9/10 and 1/11/10; and at 5:00pm on 1/10/10, 1/16/10, 1/17/10, and 1/19/10. <p>Resident #9's MAR dated 1/1/10 did not include staff initials indicating that the following medications were administered as prescribed:</p>			

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	<ul style="list-style-type: none"> • Divalproex Sodium 250mg at 5:00pm on 1/6/10 and at 9:00pm on 1/12/10. <p>Resident #10's MAR dated 1/1/10 did not include staff initials indicating that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Vitamin C 500mg at 9:00am on 1/3/10 and at 9:00pm on 1/12/10. <p>Resident #11's MAR dated 1/1/10 did not include staff initials indicating that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Furosemide 20mg at 8:00am on 1/6/10 			

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	<p>Resident #12's MAR dated 12/1/09 did not include staff initials indicating that the following medications were administered as prescribed:</p> <ul style="list-style-type: none"> • Aricept 10mg at 9:00pm on 12/1/09-12/22/09 • Multivitamin tablet at 9:00am on 12/10/09 • Namenda 10mg at 5:00pm on 12/3/09, 12/4/09; 12/7/09, 12/24/09, and 12/25/09 • Simvastatin 20mg at 9:00pm on 12/3/09, 12/15/09, 12/17/09, and 12/29/09 • Warfarin Sodium 5mg at 5:00pm on 12/3/09, 12/4/09, 12/13/09, and 12/25/09. <p>Resident #13's MAR dated 1/1/10 did not include staff initials</p>			

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	indicating that the following medications were administered as prescribed: <ul style="list-style-type: none"> • Simvastatin 10mg at 9:00am on 1/4/10 • Senna 8.6mg at 9:00pm on 1/5/10 and 1/18/10. 			

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/21/10

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187d The home shall follow the directions of the prescriber.	The following medications were not available to administer to the residents. Resident #1 did not receive the following prescribed medications: <ul style="list-style-type: none"> • Trazodone HCL 12.5mg at 9:00am and 5:00pm on 12/1/09-12/6/09 • Trazodone HCL 25mg at 9:00am and 5:00pm on 12/1/09-12/6/09 • Avelox 400mg at 9:00am on 12/18/09. The antibiotic Avelox 400mg was ordered to treat Resident #1's lung infection on 12/17/09. Resident #1 was sent to Delaware County Memorial Hospital on 12/21/09 and admitted with pneumonia. 	3/31/10 3/29/10 4/1/10	All medication carts will be audited for medication availability. MAR's to be reviewed at the completion of each shift by licensed nurse to ensure availability of medications. The home will implement a system and train staff on the procedures to follow if a medication is running low.	

4/1/10 The medication carts will be audited at least weekly to ensure prescribed medications are present for each resident. *LDV 4/21/10*

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	<ul style="list-style-type: none"> • Mucinex DM at 9:00am and 5:00pm on 12/18/09 • Triamcinolone Acetonide 0.1% at 9am and 5pm on 1/1/10-1/3/10 <p>Resident #2 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Docusate Sodium 100mg at 5:00pm on 1/18/10 <p>Resident #3 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Peri Colace at 9:00am on 1/4/10 <p>Resident #4 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Calcium with Vitamin D 600mg-400 at 9:00am on 1/4/10 			

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	<p>Resident #5 did not receive the following prescribed medications:</p> <ul style="list-style-type: none"> • Loratadine 10mg at 9:00am on 1/4/10 • Metoprolol SUCC ER 100mg at 9:00am on 1/4/10 <p>Resident #6 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Omeprazole 20mg at 9:00am on 1/7/10 <p>Resident #7 did not receive the following prescribed medications:</p> <ul style="list-style-type: none"> • Foradil 12mcg at 9:00am on 1/4/10 • Omeprazole 20mg at 9:00pm on 1/2/10 <p>Resident #8 did not receive the</p>			

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	<p>following prescribed medication:</p> <ul style="list-style-type: none"> • Amlodipine Besylate 5mg at 9:00am on 1/4/10 <p>Resident #9 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Glipizide ER 2.5mg at 9:00am on 1/4/10 <p>Resident #10 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Vitamin C 500mg at 9:00pm on 1/10/10 <p>Resident #11 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Senna 8.6mg at 8pm on 1/18/10 			

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	The home did not notify the prescribing physician of the following medication errors: Resident #1 did not receive the following prescribed medications: <ul style="list-style-type: none"> • Trazodone HCL 12.5mg at 9:00am and 5:00pm on 12/1/09-12/6/09 • Trazodone HCL 25mg at 9:00am and 5:00pm on 12/1/09-12/6/09 • Avelox 400mg at 9:00am on 12/18/09. The antibiotic Avelox 400mg was ordered to treat Resident #1's lung infection on 12/17/09. Resident #1 was sent to Delaware County Memorial Hospital on 12/21/09 and admitted with pneumonia. 	none due 3/24/10 <i>WHT 4/21/10</i> 1/10/10 5/15/10	All medication errors will be reported to the physician at time of discovery. All nursing staff re-educated on the proper procedure for reporting a medication error. The medication errors described in this violation report for residents #1 through #11 will be reported to each resident's physician. <i>WHT 4/21/10</i>	

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		DATE

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	<ul style="list-style-type: none"> • Mucinex DM at 9:00am and 5:00pm on 12/18/09 • Triamcinolone Acetonide 0.1% at 9am and 5pm on 1/1/10-1/3/10 <p>Resident #2 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Docusate Sodium 100mg at 5:00pm on 1/18/10 <p>Resident #3 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Peri Colace at 9:00am on 1/4/10 <p>Resident #4 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Calcium with Vitamin D 600mg-400 at 9:00am on 1/4/10 			

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

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank, Media, PA - 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) January 20, 2010		REGIONAL REPRESENTATIVE Justin Trupp, Jacob Herzing	
SIGNATURE OF LEGAL ENTITY <i>Michelle Adams</i>	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

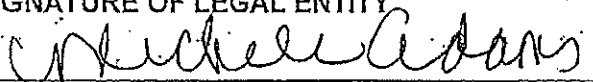
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<p>Resident #5 did not receive the following prescribed medications:</p> <ul style="list-style-type: none"> • Loratadine 10mg at 9:00am on 1/4/10 • Metoprolol SUCC ER 100mg at 9:00am on 1/4/10 <p>Resident #6 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> • Omeprazole 20mg at 9:00am on 1/7/10 <p>Resident #7 did not receive the following prescribed medications:</p> <ul style="list-style-type: none"> • Foradil 12mcg at 9:00am on 1/4/10 • Omeprazole 20mg at 9:00pm on 1/2/10 <p>Resident #8 did not receive the</p>			

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	<p>following prescribed medication:</p> <ul style="list-style-type: none"> Amlodipine Besylate 5mg at 9:00am on 1/4/10 <p>Resident #9 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> Glipizide ER 2.5mg at 9:00am on 1/4/10 <p>Resident #10 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> Vitamin C 500mg at 9:00pm on 1/10/10 <p>Resident #11 did not receive the following prescribed medication:</p> <ul style="list-style-type: none"> Senna 8.6mg at 8pm on 1/18/10 			

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	as well. The home failed to implement the system to identify and document medication errors for 49 medication errors that occurred from the time period 12/1/09-1/20/10.			