

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BIBLE FELLOWSHIP CHURCH HOMES, INC.

LEGAL ENTITY

To operate FELLOWSHIP TERRACE

NAME OF FACILITY OR AGENCY

Located at 3010 FELLOWSHIP DRIVE, WHITEHALL, PA 18052

(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 101
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 23

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 27, 2010 until March 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216480

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

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

MAR 16 2010

Ms. Donna J. Conley, Executive VP of Operations
Bible Fellowship Church Homes, Inc.
3000 Fellowship Drive
Whitehall, Pennsylvania 18052

RE: Fellowship Terrace
3010 Fellowship Drive
Whitehall, Pennsylvania 18052

Dear Ms. Conley:

As a result of the Department of Public Welfare's licensing inspection on January 7, 2010 and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosure
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive, Whitehall, Pennsylvania, 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton, Gerald Dumas	
SIGNATURE OF LEGAL ENTITY <i>Tracy Nagle</i>	DATE 1/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duma Valencia</i>	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. 254c Resident records shall be stored in locked containers or a secured, enclosed area used	The homes communication log book, addressing resident care, behavior, and medical issues communicated between staff, was stored in an unlocked cabinet in the second floor kitchen accessible to the residents. <i>Original</i>	1/07/10	Terrace Activities Assistant was instructed on 1/7/10 to keep the Communication log book locked in the Activities Office. No personal resident information is to be documented in this log book. Any care or behavior issues will be documented in the resident's chart. Education in-service for Activities will be Held on 1/20/10. See Above	3/3/10 LCP

RECEIVED
JAN 22 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive, Whitehall, Pennsylvania, 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton, Gerald Dumas	
SIGNATURE OF LEGAL ENTITY <i>Tracy Nagle</i>	DATE 1/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doree C. Valence</i>	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	See previous page	1/07/10	See previous page	3/3/10 UCP

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive, Whitehall, Pennsylvania, 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton, Gerald Dumas	
SIGNATURE OF LEGAL ENTITY <i>Tracy Nagle</i>	DATE 1/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Valencia</i>	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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>65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <p>(1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's</p>	<p>Staff person A began working at the home 3/18/09. Staff person A received training regarding evacuation procedures, staff duties and responsibilities during fire drills, the designated meeting place, smoking safety procedures, the home's smoking policy, the location and use of fire extinguishers, smoke detectors and fire alarms, and telephone use and notification of emergency services on 3/20/09. The training was not completed prior to or during the first day of work.</p>	<p align="center">1/11/10</p>	<p>New staff persons will be required to submit to the staff scheduler prior to the first day of work the signed Orientation Training form in order to be placed on the schedule.</p> <p>See Attached Orientation Training Form</p>	<p align="center"><i>UCP</i> 3/3/10</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive, Whitehall, Pennsylvania, 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton, Gerald Dumas	
SIGNATURE OF LEGAL ENTITY <i>Gracy Nagle</i>	DATE 1/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Durse & Valera</i>	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	See previous page		See previous page	3/3/10 UCF

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive, Whitehall, Pennsylvania, 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton, Gerald Dumas	
SIGNATURE OF LEGAL ENTITY <i>Tracy Nagle</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diana W. Devere</i>	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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.	At approximately 10:30 on 1/7/10, an unlocked clear plastic three drawer storage bin containing a 16oz bottle of Medline 4-in-1 cleansing spray with a label stating "If swallowed contact Poison Control right away" in the bathroom of resident room G61, located in the home's secured dementia unit.	1/07/10	All items with labels stating "If swallowed Contact Poison Control right away" were Removed from Resident rooms and placed In the aid station on 1/07/10. All resident Care products labeled "poisonous" will not Be stored in resident rooms unless in a Locked cabinet. Staff educated regarding This practice. Audits will be conducted for Compliance by Safety Committee Members	<i>lcl</i> <i>3/3/10</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive, Whitehall, Pennsylvania, 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton, Gerald Dumas	
SIGNATURE OF LEGAL ENTITY <i>Nancy Nagle</i>	DATE 1/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	<p>The following over-the-counter medications prescribed to resident #1 were not labeled with the resident's name:</p> <ul style="list-style-type: none"> - "Nature Made" brand liquid soft gel fish oil 1200mg - 24 tablets of Tylenol extra strength 500mg - 150 tablets of Tylenol extra strength 500mg - "Metamucil" brand fiber dietary supplement - "Centrum" brand multi-vitamins <p>"Health Star" brand aspirin pain reliever prescribed to resident #2 was not labeled with the resident's name.</p> <p>"Care One" brand aspirin 81mg prescribed to resident #3 was not labeled with the resident's name.</p>	1/08/10	All OTC, CAM's, and sample medications belonging to a resident have been labeled with the Resident's name, prescribed dose and time. Medication Administration Policy (See Attached Policy TER 040) was updated on 1/19/10 to be more specific as to the labeling of OTC, CAM's, and sample medications and presented to staff.	3/4/10 ucp

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive, Whitehall, Pennsylvania, 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton, Gerald Dumas	
SIGNATURE OF LEGAL ENTITY <i>Gary Nagle</i>	DATE 1/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Salina</i>	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	Two sample bottles of Travatan .004% eye drops were prescribed to resident #1. One bottle stated the resident's name but did not indicate the date of the prescription, the prescribed dosage and instructions for administration and name and title of prescriber. The second bottle included none of the required information.	1/08/10	All OTC, CAM's, and sample medications belonging to a resident have been labeled with the Resident's name, prescribed dose and time. Medication Administration Policy (See Attached Policy TER 040) was updated on 1/19/10 to be more specific as to the labeling of OTC, CAM's, and sample medications and presented to staff.	3/4/10 LCP

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fellowship Terrace, 3010 Fellowship Drive, Whitehall, Pennsylvania, 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton, Gerald Dumas	
SIGNATURE OF LEGAL ENTITY <i>Gary Nagle</i>	DATE 1/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dore C Valere</i>	DATE 3-9-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	Staff did not sign or initial the Medication Administration Record (MAR) of resident #4 indicating Plavix 75mg was administered on 1/2/10- 1/7/10 at 9:00am. Staff did not sign or initial the MAR of resident #5 indicating Seroquel 25mg was administered on 1/3/10 at 12:00pm. Staff did not sign or initial the MAR of resident #6 indicating Brimonidine .15% eye drops were administered at 5:00pm on 1/4/09 and Seroquel 25mg was administered on 1/4/10 at 9:00pm.	1/08/10	All identified Medication Records were initialed and signed by the appropriate Team Leader on 1/08/10. The Medication Administration Record Policy was updated on 1/19/10 to include that the night shift Team Leader will also be responsible to check all MAR's for completeness. Any staff member that fails to initial and sign any aspect of the MAR will be called to fulfill this medication administration obligation. Director of Resident Care or designee will audit for compliance. Staff educated on the new policy.	3/4/10 VCP

RECEIVED

JAN 22 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing