

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOLY REDEEMER HEALTH SYSTEM

LEGAL ENTITY

To operate ST. JOSEPH'S MANOR

NAME OF FACILITY OR AGENCY

Located at 1616 HUNTINGDON PIKE, MEADOWBROOK, PA 19046

(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 69
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 20, 2010 until April 20, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127940

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

APR 21 2010

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

Mr. Michael B. Laign, President/CEO
Holy Redeemer Health System
St. Joseph's Manor
1616 Huntingdon Pike
Meadowbrook, Pennsylvania 19046

Dear Mr. Laign:

As a result of the Department of Public Welfare's licensing inspection on January 11, 2010 and January 12, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

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

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Julia Regan, Administrator</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 3-17-10

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.	Direct Care staff member A was hired on 8/24/09. The home did not have proof of Direct Care staff member A's qualifications.	1/13/10 1/11/10 & Ongoing 1/19/10 & Ongoing	1. Direct Care staff member A placed on Administrative suspension until required documentation is received. 2. When required documentation is received, compliance will be determined and administrative suspension lifted. To ensure violation does not reoccur: 3. Recruitment Center checklist updated to include educational verification. Recruitment staff trained on process to obtain verification. 4. Second level audit will be conducted by facility HR Department when files are received for new employees to ensure proper documentation is included. 5. Facility HR staff trained on how to properly audit files.	Steps have been taken to correct violation; full compliance is not verifiable <u>3-18-10</u> Date <i>AT</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Julia Regan, Administrator</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Haney</i>	DATE 3-17-10

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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of Listerine labeled "If more than used for swallowing is accidentally ingested contact a physician or Poison Control Center right away" was found unlocked in the bathroom of Resident #1's room. Resident #1 has not been assessed to safely use or avoid poisonous materials.	1/12/10 1/12/10 2/25/10 2/25/10 2/25/10 2/25/10 Ongoing Ongoing	1. Resident #1 assessed for capacity to handle poisonous materials safely. 2. Resident #1 assessment and support plan adjusted to include statement regarding ability to handle all poisonous materials. 3. Remaining residents assessed for capacity to handle poisonous materials. 4. Assessment and support plans adjusted to reflect assessment (either "resident is safe with all poisonous materials" or "resident is not safe using poisonous materials") 5. Rooms assessed of residents "not safe using poisonous materials" 6. Families of identified residents were notified of regulation. 7. Residents will be assessed initially, annually, or at time of significant change, and support plan will be adjusted accordingly. 8. Rooms will be randomly audited during monthly environmental rounds for compliance.	3-18-10 <i>QH</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Jules Regan, Administrator</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Hawley</i>	DATE 3-17-10

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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	On 1/12/10 the home had an omelet station set up in the rear of the dining room. The cooking equipment was plugged in to a heavy duty extension cord that was running across the left rear of the room in front of an exit door posing a tripping hazard for the residents.	1/12/10 1/15/10 & Ongoing	1. The extension cord was removed. 2. The broken outlet that led to the use of the extension cord was removed. To ensure violation does not reoccur: 3. Dining Room Staff was reeducated on the regulation that prohibits blocking exit doors, thereby creating hazards. 4. Dining Room supervisors will check daily for compliance	3-18-10 JH

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Julia Kegan, Administrator</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 3-17-10

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.	There is a bathroom between resident room #4601 and #4602. The toilet in the bathroom did not have a grab bar, hand rail or assist bar.	1/15/10 1/15/10 Ongoing	<ol style="list-style-type: none"> Toilet seat on toilet between room #4601 and #4602 was replaced with one that has handrails. Survey of all remaining bathrooms conducted to assure all toilets have assist bars. Assist bar checks are added to monthly environmental rounds. Residents reminded at Resident Council to inform staff if adjustments needed on assist bars. 	3-18-10 <i>JH</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Julia Regan, Administrator</i>	DATE 3-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 3-17-10

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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	<ul style="list-style-type: none"> - The milk box refrigerator and the health shake box refrigerator in the home's main kitchen did not have thermometers. - The ice cream freezer in the home's "manor dining room kitchen" did not have a thermometer. - The door was left open to the refrigerator in the home's "manor dining room kitchen" and the temperature of the refrigerator was 50°F. 	<p align="center">1/12/10</p> <p align="center">1/15/10</p> <p align="center">1/15/10 1/12/10 1/15/10 & Ongoing</p>	<ol style="list-style-type: none"> 1. Thermometers were replaced in the milk box refrigerator, the health shake refrigerator and the ice cream freezer. 2. Supervisors will complete a Temperature log daily for all refrigerators/freezers in department. They will check "Inside" thermometers, and thermometers will be replaced if missing. 3. Supervisors inserviced on log. 4. Dessert refrigerator door closed. 5. Main Dining Room staff educated on proper usage of refrigerator. 6. Supervisors will monitor daily for compliance. 	<p>3-18-10 <i>AL</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Julia Regan, Administrator</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Sawyer</i>	DATE 3-17-10

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
105g-1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	The lint traps in the two center industrial sized dryers in the home's main laundry room were approximately 1/8 of the way full of lint. The home cleans the lint traps every 2 hours rather than after each use.	1/28/10 1/28/10 Ongoing	<ol style="list-style-type: none"> 1. New policy/procedure/audit sheet was developed reflecting lint removal after each dryer usage as required in Regulation 105g-1. 2. Laundry staff was educated on the implementation of this new policy/procedure. 3. Environmental Supervisor will randomly check for compliance on daily basis. 4. Dryer Inspection added to Environmental Rounds monthly 	3-18-10 Q#

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Julea Regan, Administrator</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 3-17-10

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
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The home's fire drill records from 9/30/08 to 12/9/09 list the evacuation in minutes without seconds. As per the Administrator, the home rounds the evacuation time up to the next minute.	1/13/10 1/14/10	<ol style="list-style-type: none"> 1. Personal Care staff and Security staff alerted to the fact that Fire Drill evacuation time must show minutes and seconds as shown on the Fire Drill Record. 2. Subsequent fire drills for January and February have captured minutes and seconds. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>4-14-10</u> <i>[Signature]</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Judith Regan, Administrator</i>	DATE 2/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 3-17-10

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
133a1 <u>If the home serves nine or more residents</u> , signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	<ul style="list-style-type: none"> - There are exits doors on the home's second floor which lead to a porch that allows access to exit the property. These doors are not labeled as an exit. - There are doors located on the home's second floor that exit to the nursing portion of the facility which would allow exit from the property. These doors are not labeled as an exit. - There is a door between the hallway and resident room #2628. When all doors in this area are closed it creates an out cove for the residents in this section. The door leading to the hallway is not labeled as an exit and it is not clear which way to exit when the doors are closed. 	<p>3/19/10</p> <p>3/19/10</p> <p>2/12/10</p> <p>Ongoing</p>	<ol style="list-style-type: none"> 1. The EXIT sign to be used in this location is on special order. Exit sign will be installed upon delivery. 2. Same as above 3. An illuminated EXIT sign has been installed over the doorway which leads out of the out cove. 4. Exit signs monitored monthly during Security Rounds. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3-18-10</i> <i>JV</i></p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Julia Regan, Administrator</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-17-10

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.	Resident #2 is prescribed (par- Albuterol 05/3 m. Individual packets of this medication are located with the resident's other medications. The individual packets of the medication are not labeled with the resident's name, the date the prescription was issued, dosage and administration instructions, and the name and title of the prescriber.	1/12/2010 1/14/10 1/14/10 & Ongoing Ongoing	1. Unlabeled medication for Resident #2 was removed from residents' drawer and placed back in box labeled for Resident #2. 2. To ensure no recurrence of this violation, staff were reeducated on the specific violation related to labeling medication and educated on how to use the pharmacy when/if a medication needs to be repackaged. 3. To ensure ongoing compliance, 3 rd shift will check med drawers daily for proper labeling of medications. 4. Weekly random audit by Nurse Manager to ensure compliance. Nurse Manager will report compliance at QA Meeting.	4-14-10 <i>SR</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Jules Regan, Administrator</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hanson</i>	DATE 3-17-10

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	The medication administration record for Resident #3 was not initialized for Systane 0.3%, Multivitamins, Calcium Carbonate W/D 500/200 mg, Hydrochlorothiazide 12.5 mg, Prilosec 20 mg, Slow FE 142 mg on 1/12/10 at 9 am. The staff person that administered the medications put a tick mark in the medication administration record and had not initialized the record. The record was reviewed at 10:30 am.	1/12/10 1/14/10 1/14/10 & Ongoing	<ol style="list-style-type: none"> Staff person responsible for not initialing the MAR after administration of medication, was reeducated by Medication Trainer. Medication Staff were reeducated on the proper documentation following administration of medication. To ensure ongoing compliance: <ol style="list-style-type: none"> Staff will self-check during med pass. Team Leader will conduct random audits daily during med pass. Team Leader will identify any compliance issues to Medication Trainer. Medication Trainer will conduct ongoing reeducation as needed. Nurse Manager will report compliance during QA Meeting. 	4-14-10 <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME St. Joseph's Manor 1616 Huntingdon Pike, Meadowbrook, PA 19046		CURRENT LICENSE NUMBER 127940	
INSPECTION DATE(S) (Include all dates of the inspection) January 11, 2010, January 12, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
SIGNATURE OF LEGAL ENTITY <i>Julesa Regan, Administrator</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 3-17-10

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
254c Resident records shall be stored in locked containers or a secured, enclosed area used 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.	The second floor nursing station had 5 resident records unlocked and unattended on the desk at multiple times on both 1/11/09 and 1/12/09.	2/10/10 2/10/10 Ongoing Ongoing	1. Wire cart was purchased for storage of resident charts during usage by Nursing staff. 2. Nursing staff was educated on procedure for storing resident charts in wire cart while working at Nursing Station desk and wheeling wire cart into locked Medication Room when away from desk. 3. To ensure violation does not reoccur, Team Leader will check on each shift. 4. Include on monthly quality assurance list.	4-14-10 <i>JH</i>