

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MILESTONES COMMUNITY HEALTHCARE, INC.

LEGAL ENTITY

To operate MILESTONE INC./626 EASTON ROAD

NAME OF FACILITY OR AGENCY

Located at 626 EASTON ROAD, GLENSIDE, PA 19038

(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 9
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 23, 2010 until March 23, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128320

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

MAR 23 2010

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

Mr. Francis J. McDonald, Operations Director
Milestones Community Healthcare, Inc.
614 North Easton Road
Glenside, Pennsylvania 19038

RE: Milestone, Inc./626 Easton Road
626 Easton Road
Glenside, Pennsylvania 19038

Dear Mr. McDonald:

As a result of the Department of Public Welfare's licensing inspection on January 12, 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


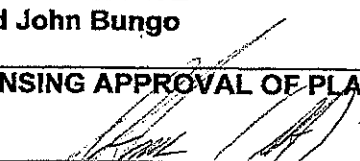
Enclosure
License

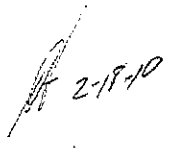
FEB 4 2010

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

Adult Residential Licensing


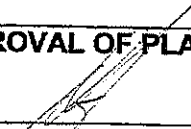
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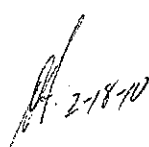
NAME AND ADDRESS OF PERSONAL CARE HOME Milestone Inc./626 Easton Road 626 Easton Road Glenside, Pennsylvania 19038		CURRENT LICENSE NUMBER 128320	
INSPECTION DATE(S) (Include all dates of the inspection) January 12, 2010		REGIONAL REPRESENTATIVE Gloria Emick and John Bungo	
SIGNATURE OF LEGAL ENTITY 	DATE 2/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-18-10

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
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	The home did not provide quarterly financial statements to Resident #1 from 8/29/08 through 6/30/09.	1/12/19	A QUARTERLY STATEMENT FOR RESIDENT #1 FOR 8/29/08 - 6/30/09 HAS BEEN REVIEWED BY RESIDENT, SIGNED AND PLACED IN CHART. A QUARTERLY STATEMENT WILL BE PROVIDED FOR ALL RESIDENTS THAT WE ARE. THE PROGRAM DIRECTOR WILL ENSURE ALL QUARTERLY ARE REVIEWED AND REVIEWED WITH RESIDENTS THIS WILL BE EFFECTIVE IMMEDIATELY 1/12/19 PROGRAM DIRECTOR WILL REVIEW ALL FINANCIAL STATEMENTS SENT BY THE FISCAL DEPT THE ASST. DIR. WILL COMPLETE PERIODIC CHART REVIEWS TO ENSURE THEY HAVE BEEN RECEIVED, REVIEWED, SIGNED AND PLACED IN THE CHART. THE A.D.D. WILL REVIEW WITH THE PROGRAM DIRECTOR AND LEAD R.A. THE REGULATION 20b8	 2-18-10



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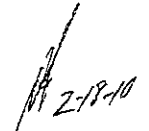
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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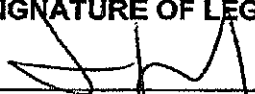
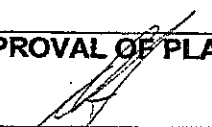
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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	At the time of the inspection, the dumpster in the home's rear parking lot was open.	1/12/10	<p>THE DUMPSTER LID WAS CLOSED AT TIME OF INSPECTION.</p> <p>THE DUMPSTER LID WILL REMAIN CLOSED AT ALL TIMES</p> <p>THE PROGRAM DIRECTOR WILL ENSURE THE DUMPSTER REMAINS CLOSED</p> <p>THE CHANGE WAS MADE IMMEDIATELY 1/12/10</p> <p>A SIGN WAS MADE A POSTED ON THE DUMPSTER TO REMIND STAFF TO CLOSE IT</p> <p>THE PROGRAM DIRECTOR WILL DO PERIODIC INSPECTION TO ENSURE THE LID IS CLOSED</p> <p>THE PROGRAM DIRECTOR WILL REVIEW REGULATION 85E ON 2/16/10 AND 2/18/10 WITH ALL STAFF AND PROVIDE DOCUMENTATION</p>	 2-18-10


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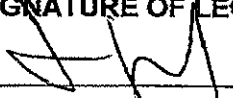
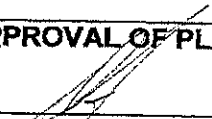
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121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	In Bedroom #4, on the 2 nd floor of the home, a barrel bolt locked the door that is used as one of the emergency exits.	1/12/10	THE LOCK WAS REMOVED AT TIME OF INSPECTION NO INTERIOR LOCK WILL BE PLACED ON ANY EMERGENCY DOOR THE REGIONAL DIRECTOR WILL ENSURE COMPLIANCE OF REGULATION 121b THE CHANGE WAS MADE IMMEDIATELY 1/12/10 THE REGIONAL DIRECTOR WILL DO MONTHLY INSPECTIONS TO MAKE SURE NO LOCKS HAVE BEEN PLACED ON ANY EMERGENCY DOORS. REGULATION 121b WILL BE REVIEWED WITH ALL STAFF ON 2/11/10 AND 2/18/10 AND DOCUMENTATION WILL BE PROVIDED.	 2-18-10

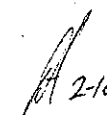
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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	<ul style="list-style-type: none"> On 7/23/09 and 9/25/09, the home's fire drill record did not specify whether the drills took place during am or pm. On 7/23/09, the home recorded that 8 persons were in the home, but only 7 were evacuated on the fire drill log. 	1/15/10	All Fire Drill Records will be completed correctly including AM or PM with the correct amount of residents evacuated. The Program Director will monitor for compliance. The change was made on 1/15/10. Staff will complete all forms correctly to include AM or PM and correct persons evacuated. The Program Director will inspect all Fire Drill Records monthly. Staff will receive training on Regulation 132c on 2/16/10 and 2/18/10 and documentation will be provided.	 2-18-10

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	An updated support plan, dated 11/21/09, for Resident #2 was not signed by the preparer.	1/12/10	THE SUPPORT PLAN WAS SIGNED AND DATED BY THE PREPARER AT TIME OF INSPECTION FOR RESIDENT #2. ALL SUPPORT PLANS WILL BE SIGNED AND DATED BY THE PREPARER. THE LEAD R.A. WILL ENSURE ALL SUPPORT PLANS ARE SIGNED AND DATED. THE CHANGE WAS MADE IMMEDIATELY 1/12/10. THE PREPARER WILL BE REQUIRED TO SIGN ALL SUPPORT PLANS. THE REGIONAL DIRECTOR WILL COMPLETE PERIODIC REVIEWS ON ALL SUPPORT PLANS TO ENSURE THEY ARE SIGNED AND DATED. THE PROGRAM DIRECTOR WILL MEET WITH THE LEAD R.A. AND REVIEW REGULATION 269 TO ENSURE THEY ARE SIGNED AND DATED. DOCUMENTATION WILL BE PROVIDED.	 2-18-10