

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER

LEGAL ENTITY

To operate THE HICKMAN

NAME OF FACILITY OR AGENCY

Located at 400 N. WALNUT STREET, WEST CHESTER, PA 19380

(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 85
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 January 14, 2010 until January 14, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **140930**

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

JAN 14 2010

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

Mr. John Schwab, President
The Hickman Friends Senior Community of West Chester
The Hickman
400 N. Walnut Street
West Chester, Pennsylvania 19380

Dear Mr. Schwab:

As a result of the Department of Public Welfare's licensing inspection on December 2, 2009 and December 3, 2009 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.

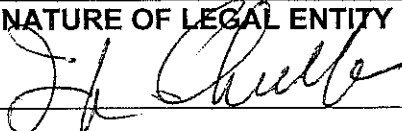

Sincerely,

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

Kevin T. Casey
Deputy Secretary

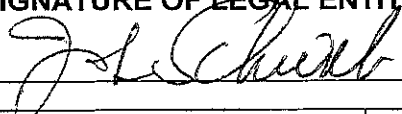
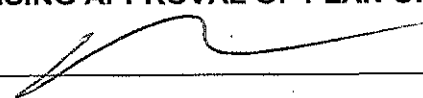
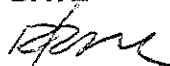
Enclosures
License
Violation Report

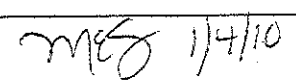
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME The Hickman 400 North Walnut Street West Chester, PA 19380		CURRENT LICENSE NUMBER 140390	
INSPECTION DATE(S) (Include all dates of the inspection) December 2, 2009 & December 3, 2009		REGIONAL REPRESENTATIVE Ron Minnich (12/02/09 & 12/03/09) & Victoria Beard (12/02/09)	
SIGNATURE OF LEGAL ENTITY 	DATE 12-16-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/21/09

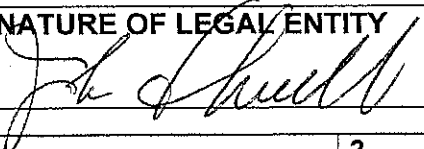

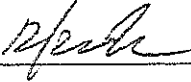
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (2) Emergency medical plan.	Direct care staff A, hired on 5/04/09, did not receive the required emergency medical plan training until 12/02/09.	12/4/2009 12/15/2009	The employee was re-instructed and notation made on her orientation form. Resident Care Director re-designed the Orientation form to indicate required timing of training topics, and the date staff member began to provide care.	Steps have been taken to correct violation; full compliance is not verifiable <u>1/4/10</u> Date Initials (DPW) VBS

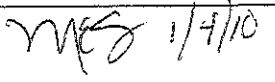
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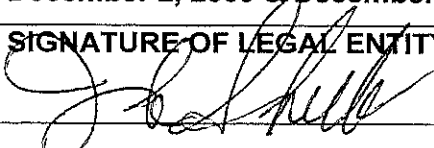
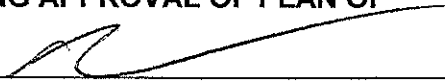
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109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept	The two cats, Snowflake and Rascal owned by resident #1 do not have current rabies vaccinations. The rabies vaccine was due on 10/28/09 according to the Banfield Pet Hospital report.	12/3/2009 12/15/2009	Cats already had an appointment and were vaccinated on this date. Executive Assistant has taken responsibility to track and insure that resident pet vaccinations are up to date. The EA will maintain an automatic track/reminder system for all pets.	 1/4/10


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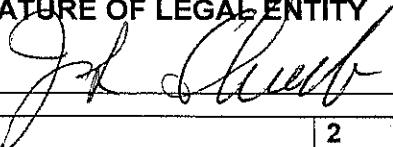
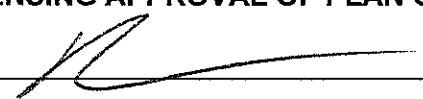
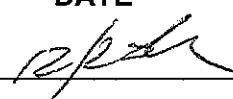
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131c A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in 131a.	The prep kitchen in Sharpless Hall did not have a 2A-10BC fire extinguisher.	12/3/2009 1/1/2010	The kitchen required extinguisher was accidentally swapped with one outside the kitchen hallway. When switch was discovered, the correction was immediately made. The maintenance director and our fire protection service agreed to keep identical lists of extinguishers and locations. Whenever extinguishers are serviced, both the maintenance director and the company will separately check, insuring a double check, to insure that the correct extinguishers are in the correct locations.	 1/4/10


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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept	The home does not have documentation that they educate all residents of his/her right to question or refuse a medication.	12/31/2009 12/15/2009	A contract addendum was constructed regarding the right to question/refuse medications and will be distributed to all current residents for their signature. This will be discussed in a resident meeting, also, on December 23 rd . Our 2010 contract was revised to include this right as part of the Resident's Rights section, and will be used going forward for all new residents.	 1/4/10

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if physician's assistant or certified nurse practitioner, determine the necessity of these services.	Resident #4 utilizes a bed-side commode but the support plan dated 10/10/09 does not address this need and use.	12/4/2009	This resident was NOT using a commode. The commode had been inadvertently placed in room. It was immediately removed. We do not feel this should be a violation. Any resident who uses a commode will have it recorded in its support plan.	 1/4/10