

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERCARE, INC.

LEGAL ENTITY

To operate THE MUHLENBERG LODGE

NAME OF FACILITY OR AGENCY

Located at 300 ST. MARK AVENUE, LITITZ, PA 17543

(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 90
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 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 March 10, 2010 until March 10, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321820

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 10 2010

Mr. Carl McAloose, President/CEO
LutherCare, Inc.
600 East Main Street
Lititz, Pennsylvania 17543

RE: The Muhlenberg Lodge
300 St. Mark Avenue
Lititz, Pennsylvania 17543

Dear Mr. McAloose:

As a result of the Department of Public Welfare's licensing inspection on February 3, 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.

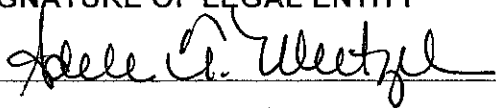

Sincerely,

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 The Muhlenberg Lodge 300 St. Mark Ave.; Lititz, PA 17543		CURRENT LICENSE NUMBER 321820	
INSPECTION DATE(S) (Include all dates of the inspection) February 3, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY 	DATE 2/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/4/10

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with its requirements regarding restrictions on staff persons. MAR 4 2010	The home did not immediately report suspected abuse of resident #1 on 1/23/10. The home reported this suspected abuse to the Lancaster Area Agency on Aging on 1/25/10 – more than 24 hours after the home was aware of this incident.	03/01/10	Administrator or designee will report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act and 6 Pa. code 15.21-15-27. Reeducated team members on reporting reportable incidents immediately. Refer to attached form. Annual continued education of all team members that any suspected abuse need to be reported immediately.	Steps have been taken to correct violation; full compliance is not verifiable <u>3/4/10</u> <u>JMS</u> 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) February 3, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Adele G. Mertzyl</i>	DATE 2/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 3/4/10

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 home did not immediately report suspected abuse of resident #1 on 1/23/10 to the Department. The home reported this suspected abuse to the Department on 1/25/10 – more than 24 hours after the home was aware of this incident.	03/01/10	Administrator/Designee will report any suspected abuse to the DPW immediately. Reeducated team members on reporting any abuse immediately to Administrator/designee. Annual continued education of all team members that any suspected abuse needs to be reported immediately	Steps have been taken to correct violation; full compliance is not verifiab: <i>3/4/10</i> <i>MES</i> Date Initials (DPW)

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

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INSPECTION DATE(S) (Include all dates of the inspection) February 3, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Adelle C. Ullrich</i>	DATE 2/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 3/4/10

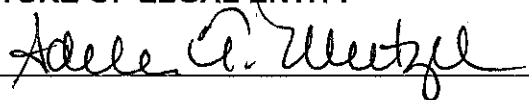
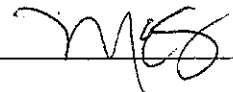
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20b9 A copy of the itemized account in 20b8 shall be kept in the resident's record.	The home did not keep copies of the quarterly statements sent out on 12/28/09 to all residents for whom the home provided financial management.	03/01/10	New financial quarterly statement sent to POA/Resident and kept a copy on the Resident's record. Quarterly financial statements will be sent to the POA/Resident and will be maintained on Resident's Record.	<i>MES 3/4/10</i>

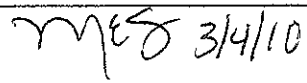
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>Adele C. Mertz</i>	DATE 2/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (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).	Ancillary Staff A did not receive any of this training during the 2009 training year. Repeated Violation – 2/4/09 et al.		See next page (5) <i>MES</i> 3/4/10	

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The Ford mini bus's first aid kit did not include the following: Breathing Shield, thermometer, tweezers or gloves.	03/01/10	Immediately provided all materials placed in first aid kit in the mini bus. (2-4-10). Transportation aid will check first aid kit quarterly and make sure that the kit is complete. 11-7 LPN will check the first aid kit quarterly for completeness. (see attached form)	 3/4/10

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SIGNATURE OF LEGAL ENTITY <i>Adelle C. Weitzel</i>	DATE <i>2/25/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE <i>3/4/10</i>

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The initial assessment for resident #1(8/13/09) indicated that the resident was mobile; however the resident's support plan (8/13/09) indicated that staff were to "assist the resident in the event of an emergency". The 10/13/09 assessment for resident # 2 indicates that the resident is mobile; however the resident's 10/13/09 support plan indicates that the resident needs full assistance to evacuate in emergencies.	02/17/10	Support Plan and Assessment reviewed and changes made to support plan to indicate that both Residents are indeed mobile and can evacuate the building in the event of an emergency. Administrator/Team Leader will review assessments and support plan for completeness and accuracy when indicated.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/5/10</i> Date <i>MES</i> Initials (DPW)