

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARC BRANDYWINE, LP

LEGAL ENTITY

To operate THE INN AT FREEDOM VILLAGE

NAME OF FACILITY OR AGENCY

Located at 25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA 19320

(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 25

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

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 25, 2010 until March 25, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 118750

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 26 2010

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

Mr. John P. Rijos, Co-President
ARC Brandywine, LP
The Inn at Freedom Village
25 Freedom Boulevard
West Brandywine, Pennsylvania 19320

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on March 1, 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.


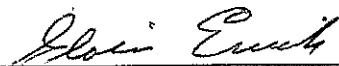
Sincerely,


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 Inn at Freedom Village 25 Freedom Boulevard West Brandywine, Pennsylvania 19320		CURRENT LICENSE NUMBER 118750	
INSPECTION DATE(S) (Include all dates of the inspection) March 1, 2010		REGIONAL REPRESENTATIVE Gloria Emick and Serena Chou	
SIGNATURE OF LEGAL ENTITY 	DATE 3/18/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/22/10

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<ul style="list-style-type: none"> A vial of Lantus insulin for Resident #1 was found in the home's medication station. The vial's carton had an opening date of 1/26/10. According to the manufacturers' guidelines, the vial should have been disposed of after 28 days. Resident #2's diabetic tussin, prescribed as a pro re nata (prn) for cough, expired on 11/23/09. 	Immediately, 3/24/10, and ongoing	<p>The expired medications were removed immediately. Medications will be audited on a weekly basis for the purpose to confirm they are not expired. The overnight nurse/medication technician/ or designee will monitor the completion of this process. A re-training will be held with the nursing staff/medication technicians on 3/24/10, in regards to auditing and monitoring the medications carts for expired medications. This training will be conducted by the CBP Administrator and the RN Case Manager.</p> <p>3/24/10 Overnight Nurse/Medication Technician/ or designee/CBP Administrator</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/18/10 </p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Inn at Freedom Village 25 Freedom Boulevard West Brandywine, Pennsylvania 19320		CURRENT LICENSE NUMBER 118750	
INSPECTION DATE(S) (Include all dates of the inspection) March 1, 2010		REGIONAL REPRESENTATIVE Gloria Emick and Serena Chou	
SIGNATURE OF LEGAL ENTITY 	DATE 3/18/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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
	<ul style="list-style-type: none"> A medication for Resident #3, flucaninonide 0.05% cream, to be applied to affected area, once daily, had expired 12/09. The medication was not listed on the resident's Medication Administration Record (MAR). 			



p.3


4842882701

Gardens

Mar 18 10 10:59a

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Inn at Freedom Village 25 Freedom Boulevard West Brandywine, Pennsylvania 19320		CURRENT LICENSE NUMBER 118750	
INSPECTION DATE(S) (Include all dates of the inspection) March 1, 2010		REGIONAL REPRESENTATIVE Gloria Emick and Serena Chou	
SIGNATURE OF LEGAL ENTITY 	DATE 3/18/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/22/10

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.	<ul style="list-style-type: none"> The MAR for Resident #4 was not initialed for the 8:00 am dose of Etodolac, 400 mg. on 2/26/10. The MAR for Resident #4's 8:00 am dose of polyethylene glycol, 100% was not initialed on 2/27/10 or 2/28/10. 	3/24/10 and ongoing	On 3/24/10, the nurses/medication technicians will be re-trained on our policy and process for Administering Medications and Medication Administration Record (MAR) audits. This involves the nurses/medication technicians reviewing each MAR during shift-to-shift report such that each medication box is initialed for residents. They will use the "change of shift audit form" verifying and completion of this process. 3/24/10 and on going Nursing staff/Medication technician/CBP Administrator	Steps have been taken to correct violation; full compliance is not verifiable 3/18/10  Date Initials (DPW)

p. 4

4842882701

Gardens

Mar 18 10 11:00a

