

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EVANGELICAL MANOR, INC.
LEGAL ENTITY

To operate WESLEY ENHANCED LIVING AT EVANGELICAL MANOR
NAME OF FACILITY OR AGENCY

Located at 8401 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152
(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 50
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 27, 2010 until April 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 176380

Robert E. Robinson

ISSUING OFFICER

Kevin J. 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

APR 28 2010

Mr. Ken Franiak, CFO
Evangelical Manor, Inc.
928 Jaymour RD, S. Hampton Office
Southampton, Pennsylvania 18966

RE: Wesley Enhanced Living at Evangelical Manor
8401 Roosevelt Boulevard
Philadelphia, Pennsylvania 19152

Dear Mr. Franiak:

As a result of the Department of Public Welfare's licensing inspection on March 5, 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 Wesley Enhanced Living at Evangelical Manor, 8401 Roosevelt Boulevard, Philadelphia, Pennsylvania 19152		CURRENT LICENSE NUMBER 176380	
INSPECTION DATE(S) (Include all dates of the inspection) March 5, 2010		REGIONAL REPRESENTATIVE John Bungo and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Lynn Bimalali</i>	DATE 3-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomy</i>	DATE 3/29/10

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
22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. and 224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>--The preadmission screenings for residenst No. 1 and 3, dated 2/5/10 and 1/2/09 respectively, were incomplete as there were no entries for a diagnosis, other special care needs, and behavioral needs.</p> <p>--The preadmission screening dated 10/20/09 for Resident No. 2 was incomplete as there was no entry for a diagnosis.</p>	<p><i>Done</i> <i>3-8-10</i></p> <p><i>Done</i> <i>3-8-10</i></p>	<p><i>Please see attachment</i></p> <p><i>See Page 1-A</i></p>	<p><i>4/19/10</i> <i>CB</i></p>

MAR 29 2010

POC Accepted: Cyp Bomberg 3/29/10

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22a1

Personal Care Administrator will audit preadmission screening before resident chart is put on the floor to assure the chart is completed specified by the Department of Public Welfare regulation. Audit quarterly with Personal Care Nurse to make sure all entries are made timely and nothing is incomplete.

Audits are conducted the first week of each quarter -
in January, April, July, October - per Administration.
CB 3/29/10

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26a The home shall establish and implement a quality management plan.	The home's quality management plan is incomplete as to the purpose and procedures to be followed in conducting a system-wide review to detect patterns of problems and identify areas for improvement. In addition the plan does not address the specific areas that are to be reviewed – reportable incidents, complaint procedures, staff person training, licensing violations and resident or family council.	<i>April 15 2010</i>	<i>Please see attachment Page 2-A</i>	<i>4/15/10 [Signature]</i>

POC Accepted: Cybil Bombaerger 4/15/10

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Personal Care Administrator will rewrite the quality management plan to address the following:

- Patterns of problems
- Reportable incidents
- Complaint procedures
- Staff training
- Licensing violation
- Family counseling

Minutes will be recorded in a binder. We will meet quarterly or more if needed.

The administrator has revised the home's Quality Management Plan so that it addresses identifying system wide patterns or issues, areas for improvement and what specific areas will be reviewed. A copy of the home's Quality Management Plan was provided. CB 4/15/10

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26c The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.	The minutes of the Quality Management Meetings do not indicate the measures to be developed and implemented to address any areas needing improvement.	<i>April 15 2010</i>	<i>Please see attachment PAGE-3-A</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>4/15/10</i> <i>OB</i> Date Initials (DPW)

PAC Accepted: Cybil Bomberg 4/15/10



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A new tool will be implemented on April 15, 2010 for the use of reporting information quarterly at Continuous Quality Improvement (CQI) meeting. If warrant any of the 5 items that are tracked quarterly arise the Personal Care Administrator and Personal Care Nurse will investigate the matter and monitor. And report at the CQI meeting until issue have been resolved (See attachment).

The CQI meeting document will be completed to show the measures to be implemented to address areas needing improvement.

CS 4/15/10

VIOLATION REPORT
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	Based on the home census, the home is required to have one staff person present at all times who is qualified in first aid. The home did not have a staff person who was qualified in first aid during the second shift (3 – 11) on March 1 and 2, 2010. The shift was staffed by employee A whose first aid certificate expired at the end of February 2010.	<i>Completed</i> <i>3-17-10</i>	<i>Please see attachment</i> <i>PAGE 4-A</i>	<i>4/15/10</i> <i>CB</i>

POA accepted: Cybil Bowers 4/15/10

Page 4-A


WESLEY ENHANCED LIVING
Pennyback Park

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Staff will go one month in advance before his/ her CPR-First Aide will expire. Personal Care Administrator and Personal Care Nurse will audit monthly while creating the staff work schedule. For any reason staff cannot attend our CPR-First Aide training they will be sent to an outside course (See attach schedule / CPR tracker forms).

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64c An administrator shall have at least 24 hours of annual training relating to the job duties.	The administrator only completed 20.5 hours of the required 24 hours of annual training during her training year of May 1, 2008 through April 30, 2009. The administrator was short 3.5 hours of annual training.	5/7/10	The administrator will complete an additional 3.5 hours of approved annual administrator training prior to 5/7/10 to fulfill the training requirements for training year 5/2008 to 4/2009. Documentation of the training completed shall be submitted to the regional licensing office by 5/7/10. The administrator will obtain 24 hours of approved administrator training in subsequent training years.	3/29/10 <i>CB</i>

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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident No. 4's bed was equipped with enabler bars on both sides of the bed. Only one bar is permitted, on the side that the resident gets out of the bed. REPEATED VIOLATION 5-13-08	March 8, 2010	Please see attachment Page 6-A	4/15/10 <i>[Signature]</i>

PA accepted: Cpt. Bombay 4/15/10

C-A



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Personal Care Administrator removed the second enabler from resident's bed. Personal Care Administrator had a brief discussion with the resident and family regarding the Department of Public Welfare regulated 81B.

Staff will continue to audits room quarterly. During room checks staff will check to ensure that there is no second enabler on. If resident is unsafe with one enabler we will have to work on another level of care (see attach room audit tool).

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84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	The metal surface on the home's gas fireplace located in the main dining room had a surface temperature that was recorded in excess of 160 ° F. The fireplace was not equipped with a protective guard.	10-15-10	Please see attachment PAGE 7-A	Steps have been taken to correct violation; full compliance is not verifiable <u>4/15/10</u> <u>CB</u> Date Initials (DPW)

POC accepted: Cyprian Bomberg 4/15/10

PA 608 7-A



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Regulation 834

The fire place located in the main dining room will be turned off and the lock out tag out system will be installed on the gas valve. Lenhardt, Lolli & Rodgers Architects were notified to review the issue an implement way to accomplish this violation. For safety reasons This fire place will not be used until a safe guard is installed. Completion date 10/15/10.

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	<p>--The telephone number of the nearest hospital and correct phone number for the Personal Home Complaint Hot Line were not listed on or near the phones in resident rooms C31A, C211, and A318.</p> <p>--The phone number of the Personal Care Home Complaint Hot Line was listed incorrectly by all the telephones located throughout the home. The number listed was 1-800-833-5075. The correct number is 1-800-254-5164.</p>	<i>April 1, 2010</i>	<i>Please see attachment Page 8-A</i>	<i>4/15/10 CB</i>

PA6E 8-A



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Important Phone Numbers :

Nazareth Hospital – 215-335-6000

Fire and Police Department – 911

Poison Control Center – 1-800-222-1222

Wesley Enhanced Living Pennypack Park – 215-624-5800

Personal Care Home Complaint Hotline – 1-800-254-5164

Municipal Emergency Management Agency – 610-363-1340

⎵ All Personal care residents will have these numbers posted by each phone in their room with an outside line. Phone list will be added to room audit and done quarterly (see attach room audit). ⎵

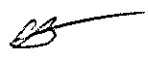
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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	--3 packs of American cheese, not in their original container, were stored in the home's walk-in cooler. The packs were not labeled and dated. --The following products, not in their original containers, were stored in the home's walk-in freezer and were not labeled and dated: --Bag of hash browns --Bag of flounder --Bag of French fries	Done Mar 8, 2010	Please see attachment page 9-A	4/15/10 CB

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103g Food shall be stored in closed or sealed containers.	Three pizza shells that were not in any type of container were stored in the home's walk-in freezer on a metal tray. The shells were stored in the open, uncovered and not in a sealed container.	<i>None Mar 8, 2010</i>	<i>Please see attachment See PAGE 9-A</i>	<i>4/15/10</i> 

PA Accepted: Cyst Bombay 4/15/10

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103e

Meal rounds are being completed and recorded three times a day to ensure proper storage practices are being maintained.

Per Administrator: Staff who are responsible for food service, storage, labeling and dating of food items have had additional in-service training. The Administrator/designee physically checks food storage daily.
CB 4/15/10

103g

5

FROM PAGE 10 of 18

In response to Survey on March 10, 2010.

1. Sanitation audits are being conducted by opening and closing managers on a daily basis. Audits are being signed and stored in office for review by General Manager of Dining Services and Corporate Director.
2. Employees are being inserviced on proper receiving and storage procedures.
3. All managers have reviewed and signed off on Policy and Procedure book outlining the proper receiving and storage policies.
4. All items that were not labeled properly at inspection were disposed of.
5. A Food Safety and Sanitation checklist has been developed to be used to document the food storage and sanitation audits that are conducted daily. The completed audits will be maintained for a six month period by the food service director. CB 4/15/10

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132a An unannounced fire drill shall be held at least once a month.	The home failed to conduct a monthly fire drill during the month of December 2009.	3-19-10	<i>Please see attachment see page 11-A</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>4/19/10</u> <u>EB</u> Date Initials (DPW)

PC Accepted: Cyst Bomby 4/15/10

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Unannounced fire drills will be conducted monthly and recorded on the DPW 55 Pa code 2600.132c form. Every month a copy of the completed fire drills and form will be handed to the Personal Care Administrator. Every quarter the Director of Facilities and the Personal Care Administrator will meet to make sure we are compliant. Completion date 3/19/10.

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144b The home rules shall specify whether the home is designated as smoking or non-smoking.	The smoking rules listed in the contracts for the following residents stated "Community permits smoking only outside in designated areas". The smoking rules did not clearly designate the location of the outside smoking area. -Resident No. 1, Contract dated 2/6/10 -Resident No. 3, Contract dated 1/2/09 -Resident No. 5, Contract dated 1/3/06	April 1, 2010	Please see attachment Fax- 12-A	4/19/10 OB

POC Accepted: Cybil Bamber 4/15/10

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WESLEY ENHANCED LIVING
Pennypack Park

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The Facility Rules and Contracts are in the process of being updated and changed by our corporate office. The Personal Care Administrator will have the Personal Care resident's sign off on an addendum that clearly states where the community permits smoking outside in a designated area only (see attachment) - which lists the actual location of the designated smoking area.

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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.	<p>–The first aid kit of the home's 2008 Chevrolet van did not contain eye coverings or tweezers.</p> <p>–The first aid kit of the home's 2006 Ford bus did not contain eye coverings, tweezers, or gloves.</p> <p>REPEATED VIOLATION 5-13-08</p>	<p>March 27, 2010</p>	<p>Please see attachment Page 13-A</p>	<p>4/9/10 <i>[Signature]</i></p>

POC Accepted: *Cy/D. Barber* 4/15/10

PH65 13-A

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Personal Care Administrator will audit the first aid kits quarterly and will make sure the first aid kit has everything it should contain, including eye covering, tweezers and gloves.

The audit is documented on a form titled "FIRST AID KIT QUARTERLY AUDIT". The audit tools will be maintained in a file maintained by the administrator. *CS 4/15/10*

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Iodine Prep Pads with an expiration date of 10/2009 were stored in the first aid kit of the home's 2008 Chevrolet van and 2006 Ford bus.	<i>March 27 2010</i>	<i>Please see attachment PAGE 14-A</i>	<i>4/19/10 [Signature]</i>

POC Accepted: Cyb P. Bomberg 4/15/10

Page 14-A

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While Personal Care Administrator is auditing the first aid kits for all the proper supplies quarterly, we will also be checking for items with expiration dates that may needed to be changed.

Example: Iodine Prep Pads O.T.C

The audit including checking for expired items in the first aid kit is recorded at the end of each quarter by the administrator on a form titled "FIRST AID KIT QUARTERLY AUDIT". CB 4/15/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Evangelical Manor, 8401 Roosevelt Boulevard, Philadelphia, Pennsylvania 19152		CURRENT LICENSE NUMBER 176380	
INSPECTION DATE(S) (Include all dates of the inspection) March 5, 2010		REGIONAL REPRESENTATIVE John Bungo and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Lynn Rinaldi</i>	DATE 3-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cylo Bungo</i>	DATE 4/15/10

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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	Several medications were not stored in their original containers and in an organized manner as the following number of medication tablets were found loose in the home's medication cart: -3 (1 pink round; 1 white octagon; and 1 white oblong) pills in the top drawer. -1 (pink round) pill in the middle drawer. -1 (white round) pill in the bottom drawer.	Mar 9, 2010	Please see attachment See PAGE 15-A	Steps have been taken to correct violation; full compliance is not verified. 4/16/10 <i>OS</i> Date Initials (D)

POC Accepted: Cybil Bandy 4/15/10

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WESLEY ENHANCED LIVING
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(SUPERVISOR)
Personal Care Nurse will audit med cart weekly. The personal care staff were in- serviced on the proper way to clean med cart weekly and every shift. AUDIT TOOL IS COMPLETE) TO DOCUMENT CLEANING OF THE MEDICATION CART. @ 4/15/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Evangelical Manor, 8401 Roosevelt Boulevard, Philadelphia, Pennsylvania 19152		CURRENT LICENSE NUMBER 176380	
INSPECTION DATE(S) (Include all dates of the inspection) March 5, 2010		REGIONAL REPRESENTATIVE John Bungo and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Lynn Bencalati</i>	DATE 3-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bungo</i>	DATE 4/15/10

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
185b At a minimum, the procedures in 185a shall include: (1) Documentation of the receipt of controlled substances and prescription medications.	The inventory control log for the controlled substance (Lorazepam) indicated that 7 pills were to be on-hand. However, based on the actual count, there were only 6 pills on-hand.	March 28, 2010	Please see attachment Page 16-A	Steps have been taken to correct violation; full compliance is not verifiable. <u>4/15/10</u> <i>CB</i> Date Initials (DPW)

POC Accepted: Cybil Bambery 4/15/10

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A warning was issued to Personal Care Assistant; To review with employee the importance of signing out narcotics. In conjunction, all personal ^{care} staff were in-serviced on procedure of signing out narcotics and accuracy. Personal Care nurse will audit narcotics sheets weekly. In addition Personal Care Administrator will conduct quarterly audits.

All audits will be documented in writing. CB 4/15/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Evangelical Manor, 8401 Roosevelt Boulevard, Philadelphia, Pennsylvania 19152		CURRENT LICENSE NUMBER 176380	
INSPECTION DATE(S) (Include all dates of the inspection) March 5, 2010		REGIONAL REPRESENTATIVE John Bungo and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Lynn Benalake</i>	DATE 3-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Bungo</i>	DATE 4/15/10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	The MAR for Resident No. 1 did not include the diagnosis or purpose for each of the medications listed for that resident.	<i>Done man 8,2010</i>	<i>Please see attachment See Page 17-A</i>	<i>4/15/10</i> <i>CS</i>



187A:

Diagnosis for resident – completed on March 8, 2010. All diagnosis will be audited monthly by Personal Care Assistants and Personal Care Nurse upon completing monthly recap.

Per administrator: The MARs are checked when received to ensure they are complete including diagnosis. Incomplete MARs will be addressed with the Pharmacy immediately to ensure that the required information does get recorded on the MAR. CB/15/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Wesley Enhanced Living at Evangelical Manor, 8401 Roosevelt Boulevard, Philadelphia, Pennsylvania 19152		CURRENT LICENSE NUMBER 176380	
INSPECTION DATE(S) (Include all dates of the inspection) March 5, 2010		REGIONAL REPRESENTATIVE John Bungo and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Lynn Bunalali</i>	DATE 3-3-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cylo Bungo</i>	DATE 4/15/10

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
<p>252 Each resident's record shall include the following information:</p> <p>(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.</p> <p>(3) A photograph of the resident that is no more than 2 years old.</p>	<p>--The record for Resident No.'s 1 and 3 did not contain information on the resident's identifying marks.</p> <p>--The record of Resident No. 2 did not contain information on the resident's color of hair/eyes or identifying marks.</p> <p>REPEATED VIOLATION 5-13-08</p> <p>--The photo for Resident No. 5, who was admitted on October 25, 2006, was not dated and it could not be determined if the photo was more than 2 years old.</p>	<p><i>April 1 2010</i></p>	<p><i>Please see attachment Page 18-A</i></p>	<p><i>4/15/10</i> <i>CB</i></p>

PC accepted: Cyst Bmby 4/15/10

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Personal Care Administrator created a new form to include the following information; race, height, weight, color of eyes and religious affiliation, along with any indentifying marks. All new pictures will be taken and dated.

Personal Care Administrator and Nurse will complete admission record upon admission and will review monthly (see attachment).

all new admissions (CA)