

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PHILADELPHIA PRESBYTERY HOMES, INC.

LEGAL ENTITY

To operate SPRING MILL PRESBYTERIAN VILLAGE

NAME OF FACILITY OR AGENCY

Located at 2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444

(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 107
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 33

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 June 22, 2010 until December 22, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127921

Robert E. Robinson

ISSUING OFFICER

Kenneth 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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JUN 22 2010

Ms. Jolynn Carl, Administrator
Philadelphia Presbyterian Homes, Inc.
2000 Joshua Road
Lafayette Hill, Pennsylvania 19444

RE: Spring Mill Presbyterian Village
2002 Joshua Road
Lafayette Hill, Pennsylvania 19444

Dear Ms. Carl:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 8, 2010, March 9, 2010 and June 11, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

In accordance with 55 Pa.Code § 2600.269(b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268, the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
225c	II	83	\$5	\$415	5 calendar days from mailing date of this letter
227c	II	83	\$5	\$415	5 calendar days from mailing date of this letter
231b	II	83	\$5	\$415	5 calendar days from mailing date of this letter
234a	II	83	\$5	\$415	5 calendar days from mailing date of this letter
22a5/25a	III	83	\$3	\$249	15 calendar days from mailing date of this letter
141a-2	III	83	\$3	\$249	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

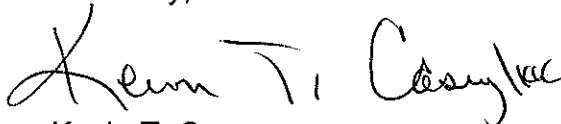
Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license or ban on admissions, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.


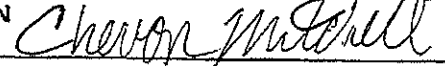
Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large initial "K" and a stylized "C".

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 Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920		
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Jolynn Carl, administrator				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	
			DATE 6/8/10	

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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The home's most current Violation Report is posted in a locked, glass enclosed bulletin board and was not accessible to the public.	3/9/10	The most current violation report is located at the front desk on a shelf marked accordingly. The administrator will ensure that the violation report is available to the public at all times. Spring mill was in compliance at time of survey -	6/11/10 CEM

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


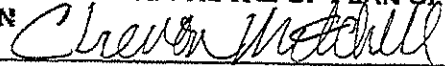
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		DATE 6/8/10

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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).	-On 6/17/09 at 3:30 pm, resident #1 fell and was sent to the hospital. The incident was reported to the Department on 6/18/09 at 4:00 pm. -On 8/28/09 at 6:45 am, resident #1 fell and exhibited slurred speech. The resident was admitted to Chestnut Hill Hospital on 8/28/09. This incident was reported to the Department on 8/29/09 at 3:30 pm.	6/1/10 6/1/10 6/1/10	Staff will be re-educated on proper reporting procedures. This procedure will be added to QA audits to be audited 4 times a year. The director of resident services will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)

0003/036



06/07/2010 MON 13:12 FAX 610 828 4864 Spring Mill Village

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

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20b4 Resident funds and property shall only be used for the resident's benefit.	-An appeal letter requesting donations from residents and their family members for the Employee Holiday Gift Fund was generated by the home on 12/4/09. The monies were dispersed to employees based on whether they are full or part time. The amount dispensed ranged from \$100.00 to \$35.00. -The resident funds, generated from contributions and craft sales, were used to help purchase the park benches located at the front of the building.	8/15/10 6/4/10	The administrator will meet with the Spring Mill Resident Association and explain that no staff person can accept any gift or monies that it given or issued by a Resident or a Resident Association. Staff will not accept any gift or monies that it given or issued by a Resident or a Resident Association.	

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


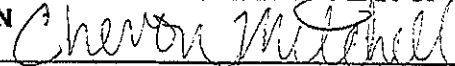
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	
			DATE 5/11/10	

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22a1, 224a 22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. 224a A determination shall be made within 30 days prior to admission and documented on the Department's	Resident #1's diagnosis was not included on the resident's preadmission screening dated 3/6/09.	5/30/10	① All Admissions & Re-admissions will have diagnosis included on pre-admission screen. ② Designated person completing screen is responsible for completion of all areas of the form. ③ Spot checks/audits will be completed during QA process. Audited at least Qtrly.	[Blank]

*Responsible person -
 Director of Residential Services



Steps have been taken to correct violation; full compliance is not verifiable

 Initials (DPW)
 Date

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

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preadmission screening form that the needs of the resident can be met by the services provided by the home.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
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<p>22a3, 225a</p> <p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the</p>	-The assessment for resident #2, admitted 10/21/09, was completed, 11/15/09, twenty six days after admission.	5/13/10	<p>① Marketing/Admissions Director will communicate w/ Dir. of Residential Services exact day of admissions.</p> <p>② Dir of Residential Services will coordinate a time in which to complete appropriate assessments. <i>All assessments will be complete by Required Time</i></p> <p>③ Responsible person Dir of Res. Serv</p>	

Steps have been taken to correct violation; full compliance is not verifiable

Date 5/11/10 Initials (DPW) PLM

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

05/10/2010 MON 16:46 FAX 610 828 4864 SPRING HILL VILLAGE

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER. 127920	
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/11/10

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
Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.				

2012/058

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444	CURRENT LICENSE NUMBER 127920
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INSPECTION DATE(S) (include all dates of the inspection) March 8, 2010 and March 9, 2010	REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>John Carl</i>	DATE 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 6/8/10
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22a5, 25a 22a5 The following admission document shall be completed for each resident - Resident-home contract completed prior to admission or within 24 hours after admission 25a-1 Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home	-The most recent contract for resident #3, dated 1/15/09 was signed 4/28/09. Compliance could not be determined as the resident's admission dated was either 1/15/09 or 9/1/09. The home was unable to provide the actual date of admission. -The contract for resident #4 was not dated making it impossible to determine if it was completed within the required time frames. REPEAT VIOLATION- 2/11/09 et. al	3/9/10 3/9/10 6/15/10	Resident #3 was admitted to the secured dementia unit on 1/15/09. Contract for that admission was 1/15/09. Resident #3 was transferred to a room in the unsecured section of the home, therefore another contract was drawn up and signed reflecting 4/28/09. All documentation in clinical chart. Resident #4's contract will be dated to reflect a dated of completion. <i>done</i> The administrator will develop a system to ensure that the home provides the department with correct dates of admission and/or transfers for residents at the time of inspection.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>CHM</i> Date Initials (DPW)</p>


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

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shall be in place.			<ul style="list-style-type: none"> • The department requested Admissions + Spring Mill Administrator provided Admission dates. • Transfers will not be requested @ time of survey but will be given for future survey. • Spring Mill was in compliance at time of survey. 	

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

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25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	-The undated contract for resident #4 was not signed by the guarantor, Montgomery County who is responsible for payment. The contract stated "refer to addendum, which was unsigned. -The contract, dated 8/21/09, for resident #6 was not signed by the guarantor, Montgomery County who is responsible for payment. The contract stated "refer to the addendum, dated 6/23/09. This addendum was only signed by the resident's designated person and not the	5/4/10 6/15/10	Spring Mill has a contract with Montgomery County for payment of services for residents that are approved by the county. The county does not provide a contract for each individual resident. The administrator will ensure that a copy of this master agreement with signatures is attached to each resident contract for which it applies.	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)

00087036



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

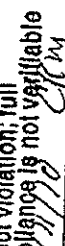
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Alma Lane</i>	DATE 6/1/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Natchez</i>	DATE 6/8/10

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
	party responsible for payment.			

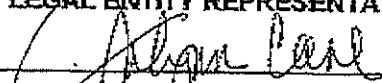

06/07/2010 MON 13:12 FAX 610 828 4864 Spring Mill Village


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

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25c2 The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	The most recent fee schedule for resident #6 admitted 12/14/07 was from 2008. The home applied a cost of living increase on 1/1/10.	3/9/10 6/4/10	Resident #6's business file contained the letter of increase dated 11/30/09. The administrator will ensure that complete resident records including residents business files will be provided to the department at time of inspection for review. Spring mill was in compliance @ Survey Time.	Steps have been taken to correct violation; full compliance is not verifiable  Date: 6/1/10 Initials (DPW)

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



NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127820		
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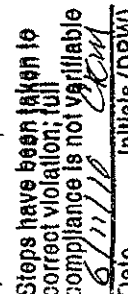
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c5 The contract shall specify the method for payment of charges for long distance telephone calls.	The contract does not specify the method of payment for long distance telephone charges in the contracts of residents #2, dated 11/22/09; #5, dated 8/21/09; #7, dated 9/21/09; #8, dated 8/14/08; #9, dated 8/1/09; #10, dated 2/22/10; #11, dated 9/2/09 and #12, dated 8/26/09.	5/23/10 6/30/10	The contracts for residents #2, 5, 7, 8, 9, 10, 11 and 12 will be updated to reflect the method of payment for long distance telephone calls. The home's contract will be amended to reflect the method of payment for long distance telephone charges and used for all new admissions.	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)

0010/036

06/07/2010 MON 13:13 FAX 610 828 4864 Spring Mill Village

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/8/10

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
25c13 The contract shall include information on the resident's rights and complaint procedures.	The contract for resident #7, dated 4/1/09, does not include any resident's right or complaint procedures.	3/9/10 6/4/10	Resident #7's business file contained information on resident's rights and complaint procedures. The administrator will ensure that complete resident records including residents business files will be provided to the department at time of inspection for review. Spring mill was in compliance at survey.	Steps have been taken to correct violation; full compliance is not verifiable  Date _____ Initials (DPW) _____

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



NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATE(S) (include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Patricia Adams</i>	DATE 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 6/18/10


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
25d A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of 20 (financial management) may apply. There may be no charge for filling out this paperwork.	The contract does not include any information pertaining to the home's rent rebate policy in the contracts for residents #7, dated 9/21/09; #2, dated 11/22/09; #5, dated 8/21/09; #8, 8/14/08; #9, dated 8/1/09; #10, dated 2/22/10; #11, dated 9/2/09 and #12, 8/26/09.	6/30/10	All resident contracts will be updated to address the home's policy on the collection and use of rent rebates. All residents will receive a 30 day notice of this update. <i>DPW's Sample addendum will be used as part of admission agreement/contract. Effective 6/30/10.</i>	

0012/036



06/07/2010 MON 13:13 FAX 610 828 4864 Spring Mill Village

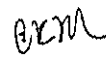
**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2802 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 6/8/10



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
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 41d, or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Documentation of receipt of the resident rights and complaint procedures was missing from the record of resident #1.	3/9/10 6/4/10	Resident #1's business file contained information on resident's rights and complaint procedures including documentation of receipt. The administrator will ensure that complete resident records including residents business files will be provided to the department at time of inspection for review. Spring mill was in compliance @ time of survey.	Steps have been taken to correct violation; full compliance is not verifiable  Date _____ Initials (DPW) _____


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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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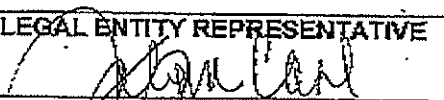

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
42) A resident shall receive assistance in obtaining and keeping clean, seasonal clothing. A resident's clothing may not be shared with other residents.	On 3/8/10, resident #10 complained to representatives of the Department about not having a coat. The resident was required to borrow appropriate seasonal outerwear from other residents or would have to forego community excursions. The accuracy of the complaint was validated by the home.	5/4/10 6/4/10	A coat was purchased by home's staff for resident #10. The resident refused to accept it. Residents will receive assistance from the home to obtaining seasonal clothing by contact the resident's responsible party, offering to take the resident shopping for appropriate clothing or purchasing clothing on the resident's behalf.	6/11/10 

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010	REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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		DATE 6/8/10

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51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with	The home utilizes services from a home health agency. On 3/8/10 criminal history checks were not available for staff members of this agency.	3/9/10 6/4/10	The home will obtain a valid criminal history check for agency staff. Agency staff and hired home staff will not work or will be supervised at all times until the results of the check are returned. If the staff person has a prohibitive offence, the staff person will be terminated immediately. The director of resident services or designee will develop and implement a system to ensure that hiring and retention of staff and the utilization of agency staff is done in accordance with the Older Adults Protective Services Act.	Steps have been taken to correct violation; full compliance is not verifiable  Date 6/11/10 Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920		
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton		
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the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.				



0016/036



06/07/2010 MON 13:13 FAX 610 828 4864 Spring Mill Village

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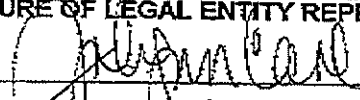
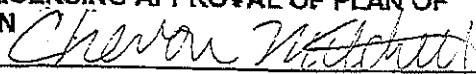
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

05/10/2010 MON 16:49 FAX 610 828 4864 Spring Hill Village

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920
INSPECTION DATE(S) (include all dates of the inspection) March 8, 2010 and March 9, 2010	REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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		DATE 5/11/10

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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: (1) Resident rights. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	-Ancillary staff person A, hired 11/3/09 did not received training in Resident rights, Mandatory reporting of abuse and neglect and Reporting of reportable incidents within 40 scheduled working hours. -Ancillary staff person B, hired 4/14/09 did not receive training in Reporting of reportable incidents.	5-6-10 5-16-10	1. STAFF PERSON A DID RECEIVE THIS TRAINING ON 11-17-09, CAN NOT ALTER THAT DATE RETROACTIVELY. 2. FUTURE NEW STAFF'S TIME-CARDS AND ORIENTATION WILL BE MONITORED BY HR TO ENSURE ALL ORIENTATION REQUIRED WITHIN 40 SCHEDULED WORKING HOURS IS PROVIDED AND DOCUMENTED WITHIN THAT TIME PERIOD. SAME FOR VOLUNTEERS. 1. STAFF PERSON B WILL BE RE-TRAINED IN REPORTING OF REPORTABLE INCIDENTS. 2. THIS TIME THE CHECK-OFF LISTS INDICATING THAT TRAINING WAS PROVIDED WILL BE SO MARKED. 3. HR WILL HAVE AN ADDITIONAL STAFF VIEW CHECK-OFF LISTS TO ENSURE THAT ALL REQUIRED TOPICS HAVE BEEN PROVIDED AND CHECKED OFF.	Steps have been taken to correct violation; full compliance is not verifiable  Initials (DPW)  Date



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

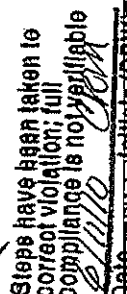
NAME AND ADDRESS OF PERSONAL CARE HOME Spring Hill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010	REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	-Direct care staff person C, hired 6/4/08, received only 6.5 hours of training in 2009. -Direct care staff person D, hired 7/28/08, received only 6.5 hours of training in 2009.	7-1-10	1. MANAGERS OF STAFF PERSONS C AND D WILL SEE THAT STILL OUTSTANDING ANNUAL TRAINING IS COMPLETED AND DOCUMENTED BY 7-1-10 UNLESS THAT STAFF IS NO LONGER EMPLOYED PRIOR TO THAT DATE. 2. MANAGERS WHO OVERSEE TRAINING WILL SEE THAT ALL STAFF ATTENDING SIGN-IN AND THAT ANY DPW SIGN-IN SHEETS ARE COMPLETELY FILLED OUT. ANY COMPUTERIZED PROGRAMS WILL APPROPRIATELY DOCUMENT PARTICIPATION AND DPW REQUIREMENTS. 3. MANAGERS WILL CLOSELY MONITOR STAFF'S PROGRESS IN COMPLETING ANNUAL TRAINING. ANY STAFF NOT MAINTAINING COMPLIANCE IN A TIMELY FASHION WILL BE REMOVED FROM THE WORK SCHEDULE.	



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

03/10/2010 MON 16:49 FAX 610 828 4864 Spring Hill Village 0032/068

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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			DATE 5/11/10



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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.	Direct care staff person C, hired 6/4/08, did not receive fire safety training in 2009.	5/3/10	Person C did receive fire safety but did not sign attendance. ① Forms Available for In-Service Available prior to In-Service beginning. ② Inform staff of their responsibility to Sign-IN. Each Time they attend. ③ Spring Mill Leadership are responsible for collection of signature pages.	Steps have been taken to correct violation; full compliance is not verifiable  Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	-On 3/9/10, a bottle of Protection Plus Body and Hair shampoo that indicated "contact a physician or Poison Control Center", a bottle of Scope White that indicated "in case of accidental ingesting seek professional" and a bottle of Aveeno that indicated "if swallowed contact Poison Control Center immediately", was observed in room #140. The resident who resides in this room was not assessed to safely use or avoid poisonous materials. -On 3/9/10, two tubes of Bengay	5/13/10 6/4/10 6/30/10	The identified materials will be moved to a locked area that is inaccessible to residents. Staff will be instructed to check all areas of the home for poisonous materials at least once per shift. Any poisonous materials not in use will be made locked and inaccessible to residents immediately. Residents will be assessed to safely use or avoid poisonous materials and this will be documented on the residents' assessments and support plans.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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	ointment that indicated "in case of accidental ingestion get medical help or contact a Poison Control Center immediately", were observed in room #208 where two residents reside. The residents who reside in this room were not assessed to safely use or avoid poisonous materials.			

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



NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920		
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton		
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/13/10

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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The ceiling tile, approximately 12 inches by 12 inches, in front of the 2 nd floor elevator had a large brown stain from a previous water leak.	Completed 3/15/10	1. Building needs to be done by Safety Committee and Director of Environmental Services at least monthly. 2. Env. Services Director to report on repairs during monthly C.A. meetings. ③ Responsible person - Env. Services Director The ceiling tile was replaced DPW 5/13/10	6/11/10 OCM

05/10/2010 MON 16:49 FAX 610 828 4864 Spring Mill Village

0036/068



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

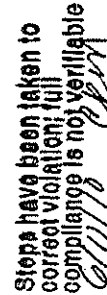
NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATE(S) (include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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1017 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	-Room #141 is occupied by two residents. Both lamps are not accessible at bedside. -The lamp in room # 210 was not accessible at bedside.	6/4/10 6/15/10	An operable bedside lamp or other source of lighting that is within reach at bedside will be in place in all of the identified bedrooms. <i>Housekeeping</i> A maintenance staff person will complete room checks once per week and maintain a log, to ensure proper lighting is in place and available to all residents when in bed.	6/11/10 CEM

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



05/12/2010 WED 18:04 FAX 610 838 4864 Spring Hill Village

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920		
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Julian Card, Administrator				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/13/10

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
102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	The shared bathroom in room #152 contained an unlabeled bar of soap.	3/15/10 Completed	1. Room Checks @ least bi-weekly w/ Residential assistants 2. Continued Education & Direction of all staff to check personal items for identification purposes. 3. Report on Findings @ QA meetings. 4. Correct problem immediately	Steps have been taken to correct violation; full compliance is not verifiable  Date _____ Initials (DPW) _____



Resp. person - Dir. of Res. Services
 (B) Soap labeled in 152

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127928
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010	REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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		DATE 6/8/10



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103b Kitchen surfaces shall be of a nonporous material and cleaned and sanitized after each meal.	-On 3/8/10, black food particles and debris were observed on the ledge between the freezer area openings of the Jack and Jill ice cream freezer located in the kitchen. -White water stains were observed on the front of the ice machine in the kitchen. The plastic dispensing mechanism was covered with a cloudy film. The tray located under the dispensing mechanism had stains and hard white and tan colored particles, which appeared to be mineral deposits.	3/9/10 5/31/10 6/4/10	The identified areas will be cleaned and sanitized. Staff will be in-serviced on maintaining sanitary conditions The home will ensure that kitchen surfaces are cleaned and sanitized after each meal. The administrator will designate a specific staff person to clean and sanitize the kitchen after each meal. *Dining Services manager will include cleaning /sanitization on Log sheets in main kitchen area + Cedar Grove kitchen area.	6/11/10 CEM

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010	REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
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		DATE 6/8/10



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	-The refrigerator at the nurse's station had stains and encrusted food on the door handle of the freezer door. The bottom of the freezer contained several strands of what appeared to be black hair, and brown food stains.			

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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DATE 3/11/10		DATE 6/18/10	



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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	-On 3/8/10, the refrigerator located in the 2 nd floor kitchen adjacent to the Great Room did not have a thermometer in both the freezer and refrigerated sections. -On 3/9/10 the refrigerator located at the nurse's station was missing a thermometer in the freezer.	3/15/10	Thermometers will be added to the identified areas. The administrator will ensure that food is stored as required by this regulation.	6/17/10 CEM

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 5/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	
			DATE 5/13/10	

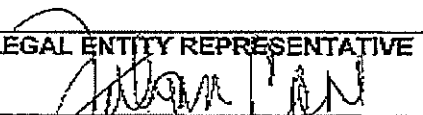

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103g Food shall be stored in closed or sealed containers.	There were four open boxes of rainbow jimmies on the top shelf of the pantry.	3/9/10	① All Food items must be in sealed containers within the pantry. ② Educate staff to secure, label and date food items. ③ Resp. person - Closing mgr or designee - to check nightly. ④ Jimmies were checked & placed in oppro container.	6/11/10 GCM

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

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	On 3/8/10, an 80lb. bag of concrete was observed blocking an egress route to the outside, in the hallway next to room #223.	3/8/10 6/4/10 6/4/10	The bag of concrete was removed. The safety committee will include monitoring for blocked egress routes as part of their weekly rounds as well as staff monitoring egress routes daily on all shifts. All staff will review general safety guidelines at departmental staff meetings. Spring Mill leadership will be responsible for staff training.	6/10/10 CERN

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

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	<table border="1"> <tr> <td>6/29/09</td> <td>3:21 pm</td> <td>6 minutes</td> </tr> <tr> <td>7/26/09</td> <td>10:30 am</td> <td>6 minutes</td> </tr> <tr> <td>8/30/09</td> <td>3:38 pm</td> <td>5 minutes</td> </tr> <tr> <td>9/28/09</td> <td>6:55 am</td> <td>6 minutes</td> </tr> <tr> <td>10/8/09</td> <td>9:41 am</td> <td>6 min 4 sec</td> </tr> <tr> <td>11/29/09</td> <td>6:24 pm</td> <td>6 minutes</td> </tr> <tr> <td>12/20/09</td> <td>6:30 am</td> <td>6 minutes</td> </tr> </table>	6/29/09	3:21 pm	6 minutes	7/26/09	10:30 am	6 minutes	8/30/09	3:38 pm	5 minutes	9/28/09	6:55 am	6 minutes	10/8/09	9:41 am	6 min 4 sec	11/29/09	6:24 pm	6 minutes	12/20/09	6:30 am	6 minutes		automatically self-close with the activation of the fire alarm and if the fire safe areas are large enough to accommodate all residents who are planned for evacuation. *updated letter to include this information regarding fire safe areas received June 3, 2010.	
6/29/09	3:21 pm	6 minutes																							
7/26/09	10:30 am	6 minutes																							
8/30/09	3:38 pm	5 minutes																							
9/28/09	6:55 am	6 minutes																							
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133a2 <u>if the home serves nine or more residents</u> , if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	Resident rooms #220 and #222 are located in a recessed area with a rectangle shaped alcove in front of the rooms and a doorway with a door leading to the hallway. When viewed from inside the alcove the door leading to the hallway is not labeled as an exit, thereby making it difficult to exit in the event of an emergency.	3/15/10 Completed	① All "recessed" areas now have "Exit" signs posted. ② Facility Audits Conducted during ^{monthly} Quarterly QA meetings. TO RE-SURE SIGNS are in place. ③ Responsible person(s)	6/11/10 CEM


Environmental Services Director in conjunction w/ Safety Committee.

05/10/2010 MON 16:51 FAX 610 828 4864 Spring Hill Village

2048/088



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



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141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #3's medical evaluation dated 4/27/09 did not include the resident's medication regimen. REPEAT VIOLATION- 2/11/09	6/4/10 6/4/10	Resident #3's medical evaluation will be updated to include all required information. The director of resident services will check medical evaluation upon return to the facility to ensure that physicians complete the medical evaluation in its entirety.	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)

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

05/10/2010 MON 16:51 FAX 610 828 4864 Spring Hill Village


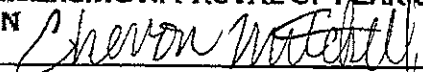
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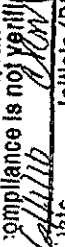
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 3/9/10, a tube of Proctosol HC Rectal Cream was observed on the bathroom sink in room #210. The resident does not self administer medications.	6/15/10	① Staff Resident education Regarding OTC medications. ② conduct Room Rands for regulation compliance. ③ Consult physician should they agree resident is able to have OTC Bedside. Document accordingly. ④ Resp. person - Director of Res. Services	Steps have been taken correct violation; full compliance is not verifiable Initials (DPW)  Date 

⑤ Audit during QA process at least quarterly.
 The tube of Proctosol HC Rectal Cream was removed from the room
 6/2/10 CSM

2050/068

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

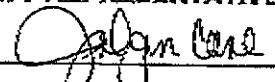

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	A nurse's noted dated 7/7/09 stated that resident #8 refuses and hides medications. The resident's physician was not notified of the resident's refusals.	6/4/10 6/4/10	Resident #8's physician will be notified of the resident's refusal of medications. Staff will be trained to not only document residents' refusals, but to contact the corresponding physicians as required by this regulation.	Dr. W. Notified 5/14/10 Steps have been taken to correct violation; full compliance is not verifiable  Initials (DPW)

as submitted

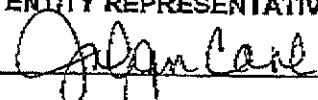

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

05/12/2010 WED 18:06 FAX 610 828 4864 Spring Hill Village

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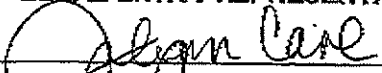

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187d The home shall follow the directions of the prescriber.	-Resident #5's medication Diabetic Tussin, Pro re nata (PRN), was not available for administration on 3/9/10. -Resident #8's PRN medications Tylenol and Milk of Magnesia were not available for administration on 3/9/10.	3-10-10 3-10-10	Resident #5 medication was ordered + delivered by 3/10/10 Resident #8 PRN med was ordered and delivered by 3/10/10 ① PRN meds will be monitored @ each shift for adequate supply. ② LPA is responsible for ordering meds as needed	6/11/10 CRM

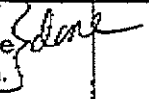

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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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 did not have documentation that resident #1 was educated on the right to refuse medication if believed to be in error.	3/9/10	Information was available within Business file. ① All files containing resident information will be available upon Sweep conducted by DPW.	6/1/10 CEM

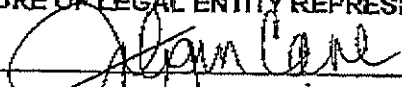

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	On 2/25/10 resident #3's was discharged from Chestnut Hill Hospital with an order for oxygen. The resident's assessment dated 4/26/09 was not updated to include this change in condition. REPEAT VIOLATION- 2/11/09 et. al	5/31/10 5/31/10 5/31/10	Resident #3's assessment will be reviewed and updated to include the resident's order and use of Oxygen.  Assessments for all residents re-admitted to the home from the hospital will be reviewed for any change in needs. Assessments for any resident whose needs change will be updated. Director of resident services will monitor by completing chart audits as part of the monthly and quarterly quality assurance process.	Steps have been taken to correct violation; full compliance is not verifiable  Date 6/1/10 Initialed (DPW)

as submitted

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

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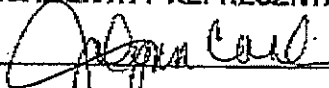
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	reported the "resident is angry and paranoid". REPEAT VIOLATION- 2/11/09 et. al			

0030/036

06/07/2010 MON 13:15 FAX 610 828 4864 Spring Mill Village

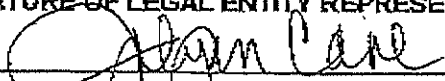

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

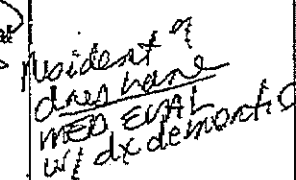
05/12/2010 WED 18:07 FAX 610 828 4864 SPRING MILL VILLAGE

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 5/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>
		DATE 5/13/10



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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 the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #5's support plan dated 11/20/09 did not address a doctor's order for well moistened soft foods with thin liquids.	6/1/10	Resident 6 - Deceased ① All support plans will be revised to include phys orders for Special Diets. ② S.P. will also include any major change in condition as required ③ Resp. person - LPNS + DR	Steps have been taken to correct violation; full compliance is not verifiable Date: <i>5/14/10</i> Initials: <i>DPW</i>

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

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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
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	-The medical evaluation for resident #5, dated 6/24/09 does not include a diagnosis of Alzheimer's disease or other dementia. The resident was admitted to the home's secured dementia unit on 7/6/09.	9/4/09	Resident #5 was admitted 7/6/09 to the unsecured area of the home with the medical evaluation dated 6/24/09. The resident transferred to the secured dementia unit on 8/21/09. The resident had a new medical evaluation completed 9/4/09 that contains a diagnosis of dementia.	
	-The medical evaluation for resident #7, dated 3/16/09 does not include a diagnosis of Alzheimer's disease or other dementia. The resident was admitted to the home's secured dementia unit on 9/29/09.	6/13/10	Resident #7 will have an updated medical evaluation completed that includes the resident's diagnosis of dementia and need for secured care.	
	-A letter dated 12/4/09 from the	5/13/10	The administrator will ensure that all residents admitted to the home's secured dementia unit will have the required	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920		
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/8/10



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
	home to the doctor that completed resident #7's 3/16/09 medical evaluation was found in the resident's record. This letter explained that while the home was reviewing their charts for an upcoming inspection they discovered that the resident's need for specialized care in section #18 of the medical evaluation was not completed. The letter continues, "I have taken the liberty of filling this in. Will you please verify by initialing next to the addition and having someone fax back to us." This letter was created by direct care	6/4/10	documentation upon admission. The administrator will educate staff that only a physician, physician's assistant or a certified nurse practitioner is permitted to complete resident medical evaluations. The administrator will ensure that medical evaluations are filled out by the appropriate people as required by this regulation.	


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

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INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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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
	staff member E, who is not qualified to complete this form. -Resident #10 was admitted to the home's secured dementia unit on 2/22/10 and the medical evaluation was completed 3/5/10. REPEAT VIOLATION- 2/11/09 et. al		Spring Mill was in compliance with regard to Resident #10	

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

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INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 6/18/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/18/10

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
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	-Resident #7 was admitted to the home's secured dementia unit on 9/21/09. The resident's cognitive screening was completed 3/31/09. -Resident #5 was admitted to the home's secured dementia unit on 7/6/09. The resident's cognitive screening was completed 7/10/09. -Resident #10 was admitted to the home's secured dementia unit on 2/22/10. The resident's cognitive screening was completed 10/30/09.	5/23/10 5/23/10	Residents #7, 5, 10 and 12 did have cognitive screenings completed within the required time frames. However, the resident's mini mental exam scores were documented on the line where the date of completion should have been. Staff will be educated on how to properly complete the cognitive screening form noting only the date of completion on the appropriate line. The administrator will develop a system to ensure that all cognitive screenings are done correctly, completely, and within the time frames required by this Chapter.	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)

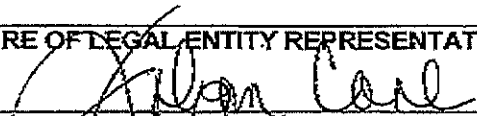
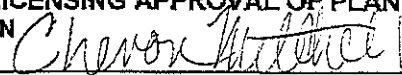
**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


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			DATE 6/8/10	

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
	-Resident #12 was admitted to the home's secured dementia unit on 8/28/09. The resident's cognitive screening was completed 8/16/09.			

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

05/10/2010 MON 16:53 FAX 610 828 4864 Spring Hill Village

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010 and March 9, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
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DATE 5/11/10		DATE 5/11/10	

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231e Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.	Documentation that the residents and the residents' designated persons did not object to the admission or transfer was not included in the records of residents #5, admitted 7/6/09 and #11, admitted 9/2/09.	5/11/10	① Apptual & acknowledgement letter of resident residing in dementia area was disclosed missing prior to survey. ② letters were sent to all POA for review + asked for return w/ signature. ③ This letter will be part of the Admission packets for future dementia unit admissions. ④ Responsible Person - Admissions/Marketing Coordinator ⑤ Creating of additional forms will be done through out QA process & checked @ least Qtrly.	Steps have been taken to correct violation; full compliance is not verifiable Date:  Initials (DPW)

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Mill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920	
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234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	-Resident #7 was admitted to the home's secured dementia unit on 9/21/09. The resident's support plan did not include the day it was completed. The date was noted as 9/09 making it impossible to determine if it was completed timely. -Resident #5 was admitted to the home's secured dementia unit on 7/6/09. The only available support plan for resident #5 was completed 7/15/09. REPEAT VIOLATION- 2/11/09 et. al	6/4/10	Resident #7 was admitted as respite and was later admitted to the home's secured dementia unit on 4/1/09. Support plans for the resident were developed on 4/1/09 and 4/27/09 with updates written in as 9/09. Resident #5 was admitted to Spring Mill on 7/6/09 then transferred to the home's secured dementia unit on 8/21/09. Support plans for the resident were developed on 8/21/09 and 8/4/09. The administrator will develop a system to ensure that the home provides the department with correct dates of admission and/or transfers for residents at the time of inspection.	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

Spring Mill was in compliance at time of Sovey

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

NAME AND ADDRESS OF PERSONAL CARE HOME Spring Hill Presbyterian Village 2002 Joshua Road, Lafayette Hill, PA 19444		CURRENT LICENSE NUMBER 127920
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Johnn Cary Administrator		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 5/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 5/13/10

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252 Each resident's record shall include the following information: (3) A photograph of the resident that is no more than 2 years old.	The photograph in resident #6's record was undated making it impossible to determine if the photo was more than two years old. The resident was admitted 12/04/07.	5/20/10 5/20/10	<ul style="list-style-type: none"> ① Resident to be deceased ② marketing dir. resp. for taking pix upon admission ③ Dates of Pix will be placed on border of photo ④ As part of Annual medical updates it will be the responsibility of the DRs to monitor how often pictures need to be updated to be w/in 2 year max 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date</p>