

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE NEW HERITAGE TOWERS, INC.

LEGAL ENTITY

To operate HERITAGE TOWERS

NAME OF FACILITY OR AGENCY

Located at 200 VETERANS LANE, DOYLESTOWN, PA 18901

(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 75
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 5, 2010 until May 5, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127180**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

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

MAY 07 2010

Mr. Steven T. Cherry, Executive Director
The New Heritage Towers, Inc.
Heritage Towers
200 Veterans Lane
Doylestown, Pennsylvania 18901

Dear Mr. Cherry:

As a result of the Department of Public Welfare's licensing inspection on November 23, 2009 and March 11, 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 Heritage Towers, 200 Veterans Lane, Doylestown, Pennsylvania 18901		CURRENT LICENSE NUMBER 127180	
INSPECTION DATE(S) (Include all dates of the inspection) March 11, 2010		REGIONAL REPRESENTATIVE Tom Shopay and Doug Hoover	
SIGNATURE OF LEGAL ENTITY <i>Beatrice of Stenta</i>	DATE 4/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joseph Emich</i>	DATE 4/27/10

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>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>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>	<p>The preadmission screening for resident #'s 1, 2 and 3, dated 1/7/10, 2/3/10 and 1/21/10 respectively, were incomplete as there were no entries for other special care needs and behavioral needs.</p>	<p>3/15/10 3/15/10 3/15/10 3/15/10</p>	<p>22a1 The Preadmission screening completed prior to admission on a form specified by the Department did not address the residents. Resident #'s 1, 2, and 3 has been addressed on their individual PA pre-assessment form. (See attachments 1, 2, 3) Going forward to prevent from recurrence of the violation we have put in place systems to assure pre-admission forms are checked for completion prior to admission to our community by the administrator or designee. Monitor by administrator</p> <p>224a see above</p>	<p>4/24/10 BE</p>

APR 19 2010

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SIGNATURE OF LEGAL ENTITY <i>Beatrice M. Stenta</i>	DATE 4/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ernst</i>	DATE 4/27/10

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
25c11 The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	A copy of the most recent, annual, support plan dated 5/17/09 was not attached to resident # 4's contract.	3/11/10	25-C11 Resident # 4 did not have support plan attached to resident – home contract. The support plan was attached to contract and corrected day of survey 3/11/2010. To prevent reoccurrence of violation resident –home contract will be audited monthly by PC secretary or designee to assure the support plans are attached to contract. Monitored by administrator. (See attachment 4)	4/27/10 BE

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SIGNATURE OF LEGAL ENTITY <i>Beatrice J. Stevens</i>	DATE 4/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i>	DATE 4/27/10

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older (exception – 54b). (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction that would limit the staff person from providing necessary personal care services with reasonable skill and safety.	The home could not provide documentation of the educational qualifications for direct care staff employee "A" hired 6/8/09.	3/12/10 3/12/10	54a Direct care staff persons shall have the following qualifications: Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. At time of survey direct staff employee "A" did not have high school diploma in employee records. Direct staff employee "A" has high school diploma in the employee record as of March 12, 2010. (See attachment 5) To prevent reoccurrence of violation High school diploma, GED diploma, or activity registry status on the Pennsylvania nurse aide registry will be scanned into the computer to make sure that no document is misplaced or lost and hard copy of document will be kept in employees file. Potential hirer must submit a copy of High school diploma, GED diploma, or activity registry status on the Pennsylvania nurse aide registry prior to hire. (See attachment 6) This will be monitored by administrator.	Steps have been taken to correct violation; full compliance is not verifiable 4/27/10 Date Initials (DPW) <i>SE</i>

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<p>65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <p>(1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.</p>	<p>The home could not substantiate the first day of on-site work for the below list employees to indicate that they received the required orientation specific to the facility prior to or during the first day of work:</p> <table border="1"> <thead> <tr> <th>Employee</th> <th>Date of Hire</th> <th>Date of Orientation</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>6/8/09</td> <td>6/26/09</td> </tr> <tr> <td>B</td> <td>2/9/09</td> <td>2/11/09</td> </tr> <tr> <td>C</td> <td>7/8/09</td> <td>7/9/09</td> </tr> </tbody> </table>	Employee	Date of Hire	Date of Orientation	A	6/8/09	6/26/09	B	2/9/09	2/11/09	C	7/8/09	7/9/09	<p><i>3/17/10</i></p> <p><i>3/17/10</i></p>	<p>65a</p> <p>It was not noted on the "facility safety and emergency preparedness orientation" form that the date signed by the employee was the actual employee's first day of work on site. We have noted direct staff employee "A", "B", "C" 1st day of work on site on the actual form. (See attachment 7, 8, 9)</p> <p>To prevent reoccurrence of violation we have added to form "First work day on site to meet the regulation. See attachment 10) This to be monitored by administrator and Human Resources</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>4/27/10</i> <i>GE</i> Date Initials (DPW)</p>
Employee	Date of Hire	Date of Orientation														
A	6/8/09	6/26/09														
B	2/9/09	2/11/09														
C	7/8/09	7/9/09														

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82a Poisonous materials shall be stored in their original, labeled containers.	A spray bottle which was hand labeled "bleach" was stored on a cleaning cart in the hall way of the second floor. The bleach was not in its original, labeled container.	<i>3/11/10</i> <i>3/29/10</i>	82a A spray bottle that was marked bleach did not have the original label. The spray bottle that contained the alleged bleach was removed from cart the date of survey. To prevent reoccurrence of the violation housekeeping supervisor to check all cleaning carts to ensure all cleaning solutions have original containers or stick-on original manufacturer's labels. Housekeeping staff has been in-service on proper labeling of poisonous materials. (See attachment 11) Housekeeping supervisor to monitor cleaning carts weekly (See attachment 12	<i>4/27/10</i> <i>BE</i>

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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.	The following poisonous materials were found stored on an unattended/unsecured cleaning cart in the hall way of the second floor: 2 bottles of Mineral Shock – label states "Call physician if swallowed". 1 bottle of Clorox – label states "Call Poison Control". Not all assessments and support plans of residents residing in the home indicated that they are capable of identifying and using poisonous materials.	3/11/10 3/29/10	82c Poisonous materials were left on housekeeping cart unattended. The cleaning products were removed from top of housekeeping cart and stored properly. To prevent reoccurrence of the violation housekeeping supervisor to check all cleaning carts to ensure all cleaning products are stored properly when cart is left unattended. Housekeepers have been in-serviced. (See attachment 11) Housekeeping supervisor to monitor cleaning carts weekly (See attachment 12)	4/27/10 SE

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	A trash bucket containing remnants of what appeared to be a vanilla pudding substance was uncovered and hanging from a clean dish cart in the home's kitchen.	3/17/10 <i>JK</i>	85d The "Service cart" wastebasket attached to cart had trash in it uncovered with clean dishes in tub on cart. Trash was removed from wastebasket. To prevent reoccurrence of violation wastebaskets on service carts can only be used when "busing table" Staff in-serviced (See Attachment 13) Monitor by Dietary Manager	4/27/10 <i>JE</i>

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The two steps and landing located to the left side of the fireplace in the 2 nd floor dining room were not equipped with a handrail.	3/24/10	93a Handrails have been installed at the two steps landing located to the left side of fire place in the 2 nd floor dining room handrails have been installed. (See Attachment 14) This was isolated incident all other areas comply with 93a. Administrator to monitor	4/27/10 <i>SE</i>

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101r-1 There shall be drapes, shades, curtains, blinds or shutters on the bedroom windows.	The bedroom window of resident # 5 was not furnished with drapes, shades, curtains, blinds or shutters.	4/9/10	101r-1 There shall be drapes, shades, curtains, blinds or shutters on the bedroom windows on all resident bedroom windows Resident # 5 did not have window treatments have been installed (See Attachment 15) To prevent reoccurrence of the violation on going room checks to make sure that we are in compliance monthly. Monitor by Administrator	4/27/10 BE

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103g Food shall be stored in closed or sealed containers.	A large gray plastic container filled with chopped cabbage was stored in the home walk-in refrigerator. The container was not sealed or closed.	3/11/10	Cabbage was uncovered in walk-in at time of survey. The cabbage was thrown out. To prevent reoccurrence of the violation dietary staff in serviced. (See Attachment 13) Monitor by dietary manager	4/27/10 <i>SE</i>

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124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home did not notify the local fire department of the specific location of the home's residents that have mobility needs. The letter from the home to the fire department dated 10/1/09 states "residents occupy floors 2 to 8 and at the receptionist desk there will be a census list which identifies immobile residents".	3/16/10	124 On March 16, 2010 updated letter was e-mailed to the Fire Marshal with location of apartments occupied by residents who require assistance during an evacuation. (See attachment 16) To prevent reoccurrence of the violation the administrator or personal care secretary will e-mail Fire Marshal updated letter any time the mobility status of a resident changes. The updated letter will include the location of the apartment occupied by the residents who require assistance during an evacuation. Monitor by Administrator	Steps have been taken to correct violation; full compliance is not verifiable 4/27/10 <i>EE</i> Date Initials (DPW)

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141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	The medical evaluation dated 1/28/10 for resident # 3 was incomplete as there were no entries for the height, weight, temperature or body positioning.	3/18/10	141a-2 The medical evaluation on the body positioning and movement stimulation for residents, height, weight, temperature was not addressed by physician for resident # 3. This has been corrected. To prevent reoccurrence of the violation all medical evaluations will be reviewed by nurse and if the medical evaluation is not completely filled out, it will be faxed back to physician (or PA or CRNP) to be 100% complete. Monitor by Administrator	Steps have been taken to correct violation; full compliance is not verifiable Date <u>4/27/10</u> Initials (DPW) <u>EE</u>

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161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	The medical evaluation dated 2/22/10 for resident # 1 indicated the resident has no special dietary needs. The home has been serving the resident a mechanical soft/no added salt diet which is contrary to the physician directions. Repeated Violation - 1/29/09, et al	3/29/10	Resident #1 the current diet on physician medical evaluation did not correspond to the diet the resident was given. Resident #1 primary physician has changed the resident diet to mechanical soft. (See attachment 18) To prevent violation from reoccurrence the nurse supervisor will review resident diet orders with medical evaluation to ensure compliance. Monitor by Administrator	Steps have been taken to correct violation; full compliance is not verifiable <i>4/22/10</i> <i>DE</i> Date Initials (DPW)

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	An OTC medication prescribed for resident #6 was stored in the 2 nd floor medication cart. The medication was not labeled with the resident's name.	3/12/10	184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name. Resident # 6 OTC medication did not have the name of the resident on the container. This was corrected at time of survey. Resident name was written on medication container by nurse. To prevent reoccurrence of the violation in-service conduct with PC staff as follows: Medication Management and review of DPW Violations. (See attachment 19, 20)	Steps have been taken to correct violation; full compliance is not verifiable <u>4/27/10</u> <i>ER</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Beatrice M. Stenf</i>	DATE 4/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Crumb</i>	DATE 4/27/10

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The following medications prescribed for resident # 6 were not on-hand: *Dulcolax – Suppository *Mylicon – Gas X *Astelin Nasal Spray *Imodium	3/12/10	Prescribed PRN medications for resident were not on hand for resident # 6. Reviewed with primary physician PRN medications and one medication discontinued and other medications are on hand in med. cart. To prevent reoccurrence of violation in-service conduct with PC staff Medication Management and review of DPW Violations (See attachment 19, 20) Audit of medications at least monthly by PCA/nurses (See attachment 21) Monitor by nurse supervisor.	Steps have been taken to correct violation; full compliance is not verifiable 4/27/10 <i>DE</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Heritage Towers, 200 Veterans Lane, Doylestown, Pennsylvania 18901		CURRENT LICENSE NUMBER 127180	
INSPECTION DATE(S) (Include all dates of the inspection) March 11, 2010		REGIONAL REPRESENTATIVE Tom Shopay and Doug Hoover	
SIGNATURE OF LEGAL ENTITY <i>Beatrice G. Stenja</i>	DATE 4/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emsch</i>	DATE 4/27/10

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>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.</p>	<p>*The Master Key used in conjunction with the Medication Administration Records (MARs) for the month of March 2010 did not contain the initials of employee "D" who has been assisting residents with medication administration.</p> <p>*The MAR for resident # 7 was not properly maintained in that the following 8am medications which were administered on 3/10/10 were not initialed by the staff person as being administered:</p> <p>*Oyst Shell Tab 500mg *Methenam Tab 1gram</p>	<p>3/12/10</p> <p>3/12/10</p>	<p>Direct staff employee "D" has written her initials on the master key used in conjunction with the medication administration record for the month of March 2010. Corrected March 12, 2010 (See attachment 26)</p> <p>To prevent reoccurrence of violation nurse supervisor will review monthly "Master Key" to ensure the name and initials of the staff person administering the medication are on the "Master Key" log. Monitored by administrator</p> <p>The MAR for resident # 7 the medications which were administered on 3/10/10 were not initialed by staff person. The staff person was counseled. To prevent reoccurrence reviewed violation with direct care staff</p> <p>(see attachment 19,20, 26) MAR's will be reviewed daily by Med Tech's. Monitored by nurse supervisor</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>4/24/10</u> <u>DE</u> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Heritage Towers, 200 Veterans Lane, Doylestown, Pennsylvania 18901		CURRENT LICENSE NUMBER 127180	
INSPECTION DATE(S) (Include all dates of the inspection) March 11, 2010		REGIONAL REPRESENTATIVE Tom Shopay and Doug Hoover	
SIGNATURE OF LEGAL ENTITY <i>Beatrice M. Stentz</i>	DATE 4/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emch</i>	DATE 4/27/10

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>227g Individuals who participate in the development of the support plan shall sign and date the support plan.</p> <p>227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.</p>	The support plan dated 5/17/09 for resident # 4 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the plan.	3/11/10	Resident # 4 has signed support plan dated 5/17/09 as of March 7, 2010 (See attachment 4) To prevent reoccurrence all initial and yearly support plan will be audited monthly by staff (see attachment 27) monitored by administrator	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>4/27/10</u> <i>SE</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Heritage Towers, 200 Veterans Lane, Doylestown, Pennsylvania 18901		CURRENT LICENSE NUMBER 127180	
INSPECTION DATE(S) (Include all dates of the inspection) March 11, 2010		REGIONAL REPRESENTATIVE Tom Shopay and Doug Hoover	
SIGNATURE OF LEGAL ENTITY <i>Beatrice M. Stief</i>	DATE 4/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloea Ernst</i>	DATE 4/27/10

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
252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old.	*The record of resident # 1 did not contain information on the resident's color of hair or identifying marks. *The resort of resident #'s 2 and 3 did not contain information on identifying marks. *The record of resident # 3 did not include a photograph of the resident that was taken within the last two years.	3/11/10 3/15/10	252 Resident # 1 in the medical chart the color of hair and identifying marks were left blank. Facility form has been corrected (see attachment 23). Resident # 2 and 3 the medical chart the identifying marks were left blank. Facility form has been corrected (see attachment 24 , 25). Resident # 3 did not have a current photograph in the medical chart. This has been corrected. (See Attachment 25) To prevent reoccurrence of the violation an admission check list will be initiated by Nurse or Lead PCA/Med Tech. to ensure compliance. Administrator to monitor (See Attachment 26)	4/27/10 <i>SE</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Heritage Towers, 200 Veterans Lane, Doylestown, Pennsylvania, 18901		CURRENT LICENSE NUMBER 127181	
INSPECTION DATE(S) (Include all dates of the inspection) November 23, 2009		REGIONAL REPRESENTATIVE Jason Harvey	
SIGNATURE OF LEGAL ENTITY <i>Beatrice M. Steinf</i>	DATE 1/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ernst</i>	DATE 4/22/10

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
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).	Administrator A stated that the home did not report the following incidents to PCH regional office until 11/16/09: Resident #1, on 2/9/09, withdrew \$70.00 cash from the house Fulton Bank. On 2/13/09, resident #1 went to retrieve the \$70.00 from his/her apartment but the money was missing and the bedroom door was unlocked. On 2/13/09 the Doylestown Police were contacted and a police report was filed Resident #2 reported to the Resident Service Coordinator (Staff B) that for the past two months gold jewelry had been missing from his/her bureau. On 2/16/09 the Doylestown Police were contacted and a police report was filed.	2/1/10	16C The administrator will 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). To prevent violation from reoccurring Managers and /or staff will be in-serviced on reportable incidents in regards to thefts as define in regulation 55 PA code § 2600 16c. and 15. Security department will conduct an investigation of alleged theft and report to the PC administrator/or designee to file report to the department's personal care home regional office or complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting PC Administrator to monitor (See attachment)	Steps have been taken to correct violation; full compliance is not verifiable 4/22/10 Date Initials (DPW)

PCH Division
Central Region Field Office

**FEB 1 2010
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