



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**  
**MAILING DATE: JUN 07 2010**

Ms. Lynn G. Plasha, Administrator  
Maris Grove, Inc.  
100 Maris Grove Way  
Glen Mills, Pennsylvania 19342

RE: Renaissance Gardens at Maris Grove  
500 Maris Grove Way  
Glen Mills, Pennsylvania 19342

Dear Ms. Plasha:

As a result of the Department of Public Welfare's (Department) licensing inspections on March 15, 2010, March 16, 2010 and May 18, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

As a result of repeated violations and current violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is not renewing your PROVISIONAL license to operate the above personal care home. The decision to NON-RENEW your license is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (a)(3) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to NON-RENEW your license, 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  
Room 423, Health and Welfare Building  
7<sup>th</sup> and Forster Streets  
Harrisburg, Pennsylvania 17120

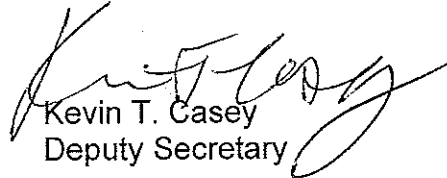
Ms. Lynn G. Plasha

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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.

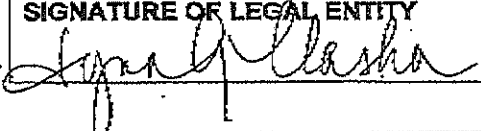
The enclosed Violation Report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,

  
Kevin T. Casey  
Deputy Secretary

Enclosure  
Violation Report

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

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                       |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5-4-10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br>Chevron Mitchell      | <b>DATE</b><br>5/6/10 |


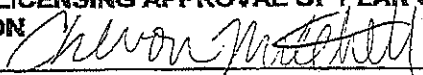
| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW  |
|--|--|---|---|---|
| 16c<br>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). | Resident #1 became ill on 1/17/10 and continued to exhibit symptoms until the home sent the resident to the emergency room on 1/24/10. The resident was admitted to the hospital and died there on 2/3/10. The home did not report the incident to the Department. | 3/16/10   | The facility will report all incidents as required within 24 hours<br><br>- Administrator and PC Managers will manage the process.<br><br>- All staff have been inserviced on communication related to reportable incidents | Steps have been taken to correct violation; full compliance is not verifiable<br>5-10-10<br>Date Initials (DPW) |

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

|  |                       |  |                       |
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| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661  |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel  |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Lynn A. Klaska</i>  | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Cheron Mitchell</i> | <b>DATE</b><br>5/6/10 |



| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|---|--|---|---|--|
| <p>22a1, 224a</p> <p>22a1<br/>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<br/>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 screenings for Resident #2 dated 12/2/09, Resident #3 dated 12/2/09, Resident #4 dated 12/4/09, and Resident #5 dated 10/28/09 did not indicate if the home can meet the needs of the residents.</p> | <p>3/22/10</p> <p>5/8/10</p>                    | <p>All pre-admission screenings for residents cited now indicate the home can meet the needs of the residents.</p> <p>- All preadmission screenings will indicate if the home can meet the needs of the residents</p> <p>- Administrator and manager will implement a system which the weekend nurse will check all pre-adm screens for completion.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 5-18-10<br/>Initials (DPW): <i>[Signature]</i></p> |

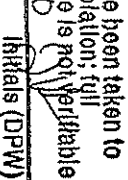
**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 16, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Merton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/6/10 |


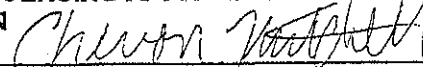
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|--|--|---|--|--|
| 25b<br>The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. | -Resident #2, admitted on 12/3/09, did not sign the resident contract dated 12/3/09. The resident has not been declared legally incompetent.<br><br>-Resident #3, admitted on 12/3/09, did not sign the resident contract dated 12/3/09. The resident has not been declared legally incompetent.<br><br>-The resident records included letters for Resident #4 dated 11/20/09, Resident #5 dated 12/6/09, and Resident #6 dated 11/20/09, that documented a rate change to the contract. The letters were not signed by the residents. None of these residents have been legally | 4/30/10   | - All resident contracts cited have resident signatures<br>- All letters docum. rate change cited have been signed by residents.<br>- Future contracts and rate increase letters will be signed by resident<br>- Administrator will verify resident signature when adding new own to contracts | Steps have been taken to correct violation; full compliance is not verifiable<br>Date 5-6-10<br>Initials (DPW) |

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

|  |                       |   |                       |
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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/6/10 |



| 1<br>REGULATION<br>55 Pa.Code § 2600. | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5<br>DATE COMPLIANCE VERIFIED BY DPW  |
|---------------------------------------|---|---|--|---|
|                                       | declared incompetent.<br><br>-Resident #7, admitted on 2/8/10, did not sign the resident contract dated 2/8/10. The resident has not been declared legally incompetent.<br><br>-Resident #8, admitted on 1/5/10, did not sign the resident contract dated 1/5/10. The resident has not been declared legally incompetent. |   |  | Steps have been taken to correct violation; full compliance is not verifiable<br>Date 5/6/10<br>Initials (DPW)  |


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

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| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.                                 | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|---|--|---|---|--------------------------------------|
| 25c4<br>The contract shall specify the party responsible for payment. | The contract for Resident #3 dated 12/3/09 did not indicate the party responsible for payment. | 4/30/10   | - Contract was updated to indicate resp party<br>- All resident contracts will specify the party responsible for payment<br>- Administrator will verify contracts include party resp for payment at time of her signature |                                      |

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

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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 16, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                        |
| <b>SIGNATURE OF LEGAL ENTRY</b><br>             | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/11/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW  |
|---|--|---|---|---|
| 41e<br>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. | Residents #3, #4, #7, and #8 did not sign a statement acknowledging receipt of a copy of the resident's rights and complaint procedures. | 5/10/10   | Resident Rights are included as part of the contract and are signed at admission<br><br>- All residents cited have signed the resident rights in their contract<br><br>- Administrator will verify residents are signing the acknowledgement of receipt of resident rights when signing off on resident contracts | @lope have been taken to correct violation; full compliance is not verifiable<br>Date 5/6/10<br>Initials (DPW)  |

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

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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>[Signature]</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>[Signature]</i>    | <b>DATE</b><br>5/6/10 |



| 1  | 2  | 3  | 4  | 5                               |
|--|--|--|--|---------------------------------|
| REGULATION<br>55 Pa.Code § 2600.   | VIOLATION/CLASS  | DATE BY WHICH CORRECTION WILL BE COMPLETED | PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)      | DATE COMPLIANCE VERIFIED BY DPW |
| 42s<br>A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures. | The home has a policy numbered 8600.3, version #2 and titled "Surveillance of Residents" that states under procedures, "5. In certain cases, Renaissance Gardens reserves the right to engage an undercover agency employee to assist in determining the root cause of a problem or to provide video surveillance for the purpose of falls risk reduction." This policy does not uphold the resident's right to privacy. | 4/1/10                                     | - No residents cited<br>- Home will delete policy<br>- Administrator will ensure policy is not available to staff verifying at annual policy review. | 5-18-10 JH                      |

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

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| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Diana G. Alaska</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Cheron Mitchell</i> | <b>DATE</b><br>5/11/10 |



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| 63d<br>A staff person who is trained in first aid or certified in obstructed airway techniques or cardiopulmonary resuscitation shall provide such services in accordance with their training, unless the resident has a "do not resuscitate" order. | Resident #2 had a Do Not Resuscitate (DNR) order by the physician stating that the resident cannot decide code status for self. The resident did not sign a DNR order. | 5/4/10  | <p>Medical Staff received training on proper procedure related to DNR orders.</p> <ul style="list-style-type: none"> <li>- All charts reviewed by AL Manager to ensure compliance.</li> <li>- DNR orders will be audited as part of quarterly chart audits</li> <li>- Res #2 had DNR signed by [redacted] medical POA with update by physician</li> </ul> | 5-18-10 JH                           |

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

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| 65a<br>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:<br><br>(1) Evacuation procedures.<br>(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.<br>(3) The designated meeting | -The home received a license to operate as a personal care home on 10/20/09. The following staff persons hired prior to the issuance of the license did not receive training in any of the required topics on or prior to 10/20/09:<br><ul style="list-style-type: none"> <li>• Ancillary Staff Person B, hired on 3/18/08</li> <li>• Ancillary Staff Person C, hired on 1/4/09</li> <li>• Direct Care Staff Person D, hired on 9/14/09</li> <li>• Ancillary Staff Person F, hired on 9/25/06</li> <li>• Ancillary Staff Person G, hired on 9/8/09</li> </ul> -Direct Care Staff Person I, hired on 9/14/09, did not receive | 5/7/10  | -Staff B, C, D, E, & I all received training<br>-Staff E received training on smoking policy<br>-Staff H is no longer employed<br>-all staff will receive orientation in general fire safety + emergency preparedness prior to or during first day worked<br><br>-Facility Staff Development Coordinator will ensure compliance with regulation |                                      |

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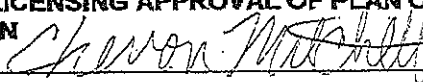
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| place outside the building or within the fire-safe area in the event of an actual fire.<br>(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.<br>(5) The location and use of fire extinguishers.<br>(6) Smoke detectors and fire alarms.<br>(7) Telephone use and notification of emergency services. | orientation training in smoking policies.<br><br>-Direct Care Staff Person E, hired on 11/16/09, did not receive orientation training in smoking policies.<br><br>-Ancillary Staff Person H, hired on 2/1/10, did not receive any of the required training. |   |  |                                      |

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

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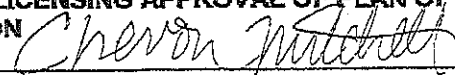
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|---|--|---|--|--------------------------------------|
| 65b<br>Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:<br><br>(1) Resident rights.<br>(2) Emergency medical plan.<br>(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.<br>(4) Reporting of reportable incidents and conditions. | -The home received a license to operate as a personal care home on 10/20/09. The following staff persons hired prior to the issuance of the license did not receive training in any of the required topics within 40 scheduled working hours after 10/20/09:<br><ul style="list-style-type: none"> <li>Ancillary Staff Person B, hired on 3/18/08</li> <li>Ancillary Staff Person C, hired on 1/4/09</li> <li>Direct Care Staff Person D, hired on 9/14/09</li> <li>Ancillary Staff Person F, hired on 9/25/06</li> <li>Ancillary Staff Person G, hired on 9/8/09</li> </ul> -Ancillary Staff Person I, hired on | 5/7/10  | - All staff cited received trainings related to violation. Staff H has assigned<br>- All staff will receive trainings w/in 40 hrs (working).<br>- Staff Development Coord will ensure compliance with regulation |                                      |

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

|  |             |   |                       |
|--|-------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |             | <b>CURRENT LICENSE NUMBER</b><br>134661   |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |             | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b> | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>3/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600. | 2<br>VIOLATION CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5<br>DATE COMPLIANCE VERIFIED BY DPWF |
|---------------------------------------|--|---|--|---------------------------------------|
|                                       | <p>9/14/09, did not receive training on the reporting of reportable incidents and conditions.</p> <p>-Direct Care Staff Person E, hired on 11/16/09, did not receive training on reportable incidents and conditions.</p> <p>-Ancillary Staff Person H, hired on 2/1/10, did not receive any of the required training.</p> |   |  |                                       |

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

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>600 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 16, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.                     | 2<br>VIOLATION/CLASS                         | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|---|--|---|---|--------------------------------------|
| 66a<br>A staff training plan shall be developed annually. | The home did not have a staff training plan. | 5/1/10  | <ul style="list-style-type: none"> <li>• A training plan was developed and implemented by Administrator, ALF Manager and Staff Development Coordinator.</li> <li>• Administrator will ensure compliance.</li> </ul> | 5-18-10 QH                           |

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

|  |                       |  |
|--|-----------------------|--|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661  |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel  |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Lynne G. Klaska</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Chevon Mitchell</i> |
|  |                       | <b>DATE</b><br>5/6/10  |



| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|---|--|---|--|--------------------------------------|
| 81b<br>Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards. | Resident #4 had a pair of half-length bed rails under the bed. The bed rails were used on the bed at night. The home does have a physician's order for the bedrails but does not complete 15 minute checks on the resident when the bedrails are on the bed. | 5/1/10  | <ul style="list-style-type: none"> <li>• Staff are completing 15 minute bed checks on resident, documenting on TAR.</li> <li>• All equipment used by residents is in good repair and free of hazards.</li> <li>• Maintenance Supervisor will ensure compliance during monthly equipment checks.</li> </ul> |                                      |

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

|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661  |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel  |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Synalaska</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Cherou Mitchell</i> | <b>DATE</b><br>5/6/10 |



| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|---|---|---|--|--|
| 82c<br>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. | <p>-On 3/16/10, there were six 8.6 ounce cans of sterno on the 1<sup>st</sup> shelf in the cupboard next to the refrigerator in the 1<sup>st</sup> floor activity room. The cans were labeled, "If swallowed, do not induce vomiting; call a poison control center or a physician immediately." Residents #3 and #8 have not been assessed to safely use poisons.</p> <p>-Resident Room #124 had a bottle of regular nail polish pads labeled, "In case of accidental ingestion, DO NOT induce vomiting. Consult a poison control center immediately." The resident was not assessed to safely handle or avoid poisons.</p> | <p>3/16/10</p> <p>5/1/10</p> <p>5/7/10</p>      | <p>- All poisonous materials were removed</p> <p>- Resident #3 has been d/c</p> <p>- Resident #8 has been assessed for safety to use poisons</p> <p>- On admission AL Manager and physician will assess residents ability to safely use poisons</p> <p>- Staff will be unervised on facility procedures related to patient safety and use of poisonous materials</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 5-16-10<br/>Initials (DPW): <i>DPW</i></p> |

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

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                       |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.           | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|---|---|---|---|--|
| 85a<br>Sanitary conditions shall be maintained. | The home has a policy that includes the use of a shared glucometer. | 5/7/10  | Facility Policy has been updated to include single use glucometer.<br>- Glucometers will be labeled for "resident name use only"<br>- AL Manager will ensure compliance by keeping labeled glucometers in designated area | Steps have been taken to correct violation; full compliance is not verifiable<br>5/10/10 JH Initials (DPW) |


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

|  |             |   |
|--|-------------|---|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |             | <b>CURRENT LICENSE NUMBER</b><br>134661   |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |             | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b> | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
|  |             | <b>DATE</b><br>5/6/10   |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)          | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|--|---|---|---|--------------------------------------|
| 85d<br>Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents. | -On 3/16/10, there was an uncovered trashcan in the physical therapy bathroom on the 1 <sup>st</sup> floor.<br><br>-On 3/16/10, there was an uncovered trashcan in the bathroom in the hairdresser's area on the 1 <sup>st</sup> floor. | 4/15/10   | • All trash cans were replaced with covered receptacles.<br>• Housekeeping Supervisor will ensure compliance with regulation during daily rounds of building. | 5-18-10 J.H                          |

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

05/10/2010 MON 11:53 FAX

|  |                       |   |                        |
|--|-----------------------|---|------------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                        |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel |                        |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br>Chevron Mitchell      | <b>DATE</b><br>5/11/10 |

| 1  | 2  | 3  | 4   | 5                               |
|--|--|--|---|---------------------------------|
| REGULATION<br>55 Pa.Code § 2600.   | VIOLATION/CLASS  | DATE BY WHICH CORRECTION WILL BE COMPLETED | PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | DATE COMPLIANCE VERIFIED BY DPW |
| 91<br>Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line. | There were no emergency telephone numbers near the landline telephone in resident room #131.<br><br>-There were no emergency telephone numbers near the landline telephone in resident room #141.<br><br>-There were no emergency telephone numbers near the landline telephone in resident room #138. | 5/4/10                                     | <ul style="list-style-type: none"> <li>• All rooms cited have emergency numbers near landline telephones.</li> <li>• HC Sales Associate will ensure compliance with regulation when doing room rounds prior to new admissions.</li> <li>• AL Manager will ensure telephone numbers are there for all residents when making daily rounds of resident rooms.</li> </ul> |                                 |

2007/008

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

|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel  |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Quality Care</i>  | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Cherov Mitchell</i> | <b>DATE</b><br>5/6/10 |


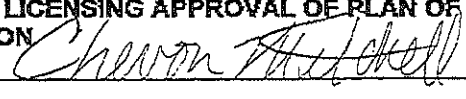
| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS                            | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|---|---|---|--|--|
| 101j7<br>Each resident shall have the following in the bedroom:<br>An operable lamp or other source of lighting that can be turned on/off at bedside. | Resident room #138 did not have a bedside lamp. | 5/5/10  | <ul style="list-style-type: none"> <li>Lighting was placed next to resident's bedside.</li> <li>Maintenance approved will ensure compliance with regulation when doing room rounds on all resident rooms.</li> </ul> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>5-8-10</u> Initials (DPW) <u>[Signature]</u></p> |

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

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
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| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>[Signature]</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>[Signature]</i>    | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|---|---|---|---|--------------------------------------|
| 103f<br>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 3/16/10, there was no thermometer in the refrigerator or freezer in the 1 <sup>st</sup> floor activity room. | 4/1/10  | <ul style="list-style-type: none"> <li>• A thermometer was placed.</li> <li>• Dining Supervisor will ensure compliance with regulation by doing weekly rounds of all refrigerators/freezers on home.</li> </ul> | 5-18-10 Q.H.                         |

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



|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/7/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|---|--|---|---|--|
| 121a<br>Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed. | -On 3/16/10, the doors from the 1 <sup>st</sup> floor activity room near the lobby to the patio were locked.<br><br>-On 3/16/10, the doors from the vestibule outside the 1 <sup>st</sup> floor activity room to the patio were locked.<br><br>- The door in the main lobby of the home is locked from 7:30 p.m. to 7:00 a.m. and can only be opened by a key-pad device. There was a sign located next to the door with instructions to go to the 1 <sup>st</sup> floor nurses' station to obtain the code. | <del>3/19/10</del><br><br><del>1/15/10</del>    | <del>Both patio doors are now marked with signage "this is not an emergency exit"</del><br><br><del>Door in Main lobby will have a proximity reader installed which will disengage lock when the reader recognizes a person exiting. Advance Door will install.</del><br><br><del>All staff will be retrained on rules cited and new system in lobby.</del> | <del>Steps have been taken to correct violation, full compliance not verifiable</del><br><br><del>Date: 5/7/10</del><br><del>Initials: DPW</del> |

6/15/10 THE HOME WILL ADD STAFF SUFFICIENT TO MEET ANY SUPERVISION NEEDS PREVIOUSLY MET BY LOCKED DOORS

8/1/10 THE HOME WILL UNLOCK ALL DOORS THAT CAN BE USED AS EGRESS ROUTES FROM THE BUILDING. ALL ELECTRONIC LOCKING DEVICES WILL BE DISABLED. DOORS WILL BE EQUIPPED WITH LOCKING DEVICES THAT ALLOW IMMEDIATE EGRESS AND PROVIDE SECURITY TO RESIDENTS. R 5/21/10

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

|  |                       |   |                        |
|--|-----------------------|---|------------------------|
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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morfon, Christine McHale, James Hummel   |                        |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/11/10 |



| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|--|--|---|--|--------------------------------------|
| 123c<br>For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor. | On 3/16/10, the evacuation diagram by stairwell #1 on the first floor did not indicate the line of travel to exit doors. | 4/30/10   | - A review of all evac diagrams was completed by the Administrator and Maint. Supv and plan cited was updated.<br><br>- Staff will be inserviced on evacuation diagrams<br><br>- Maint. Supv will ensure all diagrams are in place when making daily rounds. Any missing plan will be replaced immediately | 5-18-10 JH                           |


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

|  |                       |   |                        |
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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel |                        |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>[Signature]</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>[Signature]</i>    | <b>DATE</b><br>5/11/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|--|--|---|--|--------------------------------------|
| 124<br>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 in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. | 4/7/10  | Local Fire Department was notified by letter with address of home location of rooms and assistance needed to evacuate in an emergency.<br>- Any resident changes will be updated by Administrator and submitted to fire dept.<br>Documentation of residents needing assistance will be kept in home. | 5-18-10 <i>[Signature]</i>           |

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

|  |                        |   |
|--|------------------------|---|
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| <b>INSPECTION DATE(S)</b> (include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                        | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/14/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
|  |                        | <b>DATE</b><br>5/6/10   |


| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED            | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW  |
|---|--|--|---|---|
| 130f<br>Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept. | The home's has two different fire drill records that identify multiple discrepancies:<br><br>-The first fire drill record is the Department's sample form which documents:<br>-The alarm was activated during a fire drill on 12/29/09 at 2:45 p.m.<br>-The fire drill held on 2/18/10, has a "no" written under the column labeled, "was alarm activated." The "no" was later changed to a "yes" and the record reads, "used phone system also."<br><br>-The second fire drill record is the home's internal "Record of Fire Drill". This form documents: | 3/31/10<br><br><br><br><br><br><br><br><br><br><br>5/15/10 | 1. Smoke detectors and fire alarms will be tested during monthly fire drills<br>All drills will be sounded through the horn / strobe devices<br>2. Education will be provided to fire consultant on fac policy will be provided by Maint Supv<br>3. All fire drill records will be reviewed by Administrator and Maint Supv to ensure compliance<br>4. Staff will be educated on policy to ring fire alarms | Steps have been taken to correct violation; full compliance is not verifiable<br>5-18-10<br>Date:  (Initials (DPW)) |

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

|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Marls Grove<br>500 Marie Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661  |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel  |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Lynette Clayton</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Cheron Mitchell</i> | <b>DATE</b><br>5/6/10 |

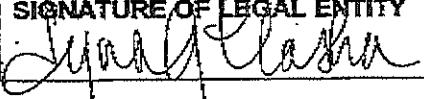

| 1<br>REGULATION<br>55 Pa.Code § 2600. | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5<br>DATE COMPLIANCE VERIFIED BY DPW  |
|---------------------------------------|--|---|--|---|
|                                       | <p>-The alarm sounded "via phone" on 12/29/09 and "phone system" on 2/18/10.</p> <p>There was no other documentation of testing of the smoke detectors and fire alarms in the month of December 2009 or February 2010.</p> |   |  | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 5/6/10<br/>Initials (DPW): <i>[Signature]</i></p> |

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

|  |                       |   |                        |
|--|-----------------------|---|------------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                        |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 16, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel |                        |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br>Chevron Mitchell      | <b>DATE</b><br>5/11/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW  |
|--|--|---|--|---|
| 132d<br>Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. | The home's has two different fire drill records that identify multiple discrepancies:<br><br>-The first fire drill record is the Department's sample form which documents that residents were evacuated in 7 minutes and 42 seconds on 1/8/10.<br><br>-The second record, the home's internal "Record of Fire Drill" has 8 minutes and 52 seconds written on it, with 8 minutes and 42 seconds written over it.<br><br>The home has a fire safety letter that provides them with an evacuation time of 7 minutes and 42 seconds. | 5/10/10   | 1) Staff received training on evacuation of residents within the evacuation time designated by fire safety expert.<br><br>2) Administrator will monitor all fire drill records to ensure compliance with regulations.<br><br>3) Residents will evacuate safely within the time determined by the fire safety expert. | Steps have been taken to correct violation; full compliance is not verifiable<br>Date: 5/11/10<br>Initials (DPW): |

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

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                       |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|---|---|---|---|--|
| 1321<br>A fire alarm or smoke detector shall be set off during each fire drill. | The home's has two different fire drill records that identify multiple discrepancies:<br><br>-The first fire drill record is the Department's sample form which documents:<br>-The alarm was activated during a fire drill on 12/29/09 at 2:45 p.m.<br>-The fire drill held on 2/18/10, has a "no" written under the column labeled, "was alarm activated." The "no" was later changed to a "yes" and the record reads, "used phone system also."<br><br>-The second fire drill record is the home's internal "Record of Fire Drill". This form documents:<br>-The alarm sounded "via phone" on 12/29/09 and "phone system" on 2/18/10. | 5/15/10   | 1. Fire drill contractor has been instructed on use of DPW form and policy to sound alarms<br><br>2. Administrator will monitor fire drill records to ensure compliance<br><br>3. Staff will receive ongoing fire safety training | Steps have been taken to correct violation, full compliance verified<br>Date: 5/15/10<br>Initials (DPW): |

0029/044

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

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Shirley Glasha</i>  | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Cherion Mitchell</i> | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW  |
|---|---|---|---|---|
| 142a<br>The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for such care, including updating the resident's assessment and support plan. | Resident #1 became ill on 1/17/10 and continued to exhibit symptoms until 1/24/10. The home did not send the resident for treatment until 1/24/10 when the resident was sent to the hospital. The resident was admitted to the hospital and died there on 2/3/10. | 5/4/10  | Resident's Phys was aware of condition and treatment plan<br><br>- All further residents will have updated assessments and support plans with change in health status<br><br>- AL Manager will ensure compliance by reviewing assessments and support plans for residents with change in health status with attending physician weekly and as needed. | Steps have been taken to correct violation; full compliance is not verifiable<br>5-18-10<br>Date: <i>[Signature]</i><br>(DPW) |

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


|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661  |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel  |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Synal Clasha</i>  | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Chevon Mitchell</i> | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS                                       | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW  |
|---|--|---|---|---|
| 171b5<br>If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96. | On 3/16/10, the home's vehicle did not have eye coverings. | 3/21/10   | <ul style="list-style-type: none"> <li>Eye coverings were placed in vehicle first aid kit.</li> <li>Transportation Manager implemented system for quarterly inspection of first aid kit to ensure compliance.</li> <li>Logs kept of information.</li> <li>Administrator will review logs for compliance.</li> </ul> | <p align="center">Date <u>5-16-10</u> Initials (DPW) <u>DM</u></p> <p align="center">Clerks have been taken to correct violation; full compliance is not verifiable</p> |

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

0031/044

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|---|--|---|--|--|
| 183b<br>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. | There was a loose half pill of Carbidopa/Levodopa 25/100 mg in a medication cup in resident room #124. | 3/16/10<br><br>5/4/10                           | Loose pill was disposed of.<br>All medications are secured in locked cabinets.<br>All staff trained to complete rounds at change of shift to ensure no medications are unsecured.<br>Administrator & AI Manager will ensure compliance during random checks. | Steps have been taken to correct violation; full compliance is nonverifiable.<br>Date 5-16-10<br>Initials (DPW)  |

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

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>[Signature]</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>[Signature]</i>    | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)                                    | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|---|---|---|---|--------------------------------------|
| 183f<br>Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. | On 3/16/10, the first aid kit in the home's vehicle contained aspirin that expired in 2007. | 3/21/10   | - Aspirin was disposed of.<br>Transportation Manager implemented system for quarterly inspection of first aid kit to ensure compliance<br>Administrator will review logs for compliance | 5-18-10 <i>[Signature]</i>           |

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



0033/044

|  |                       |   |                       |
|--|-----------------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                       |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|---|--|---|--|--------------------------------------|
| 187a<br>A medication record shall be kept to include the following for each resident for whom medications are administered:<br><br>(12) Diagnosis or purpose for the medication, including pro re nata (PRN). | -The February 2010 medication administration record (MAR) for Resident #2 did not include diagnoses for the medications Celexa 20 mg, Klonopin 0.5 mg, and Ativan 0.5 mg.<br><br>-The MAR for Resident #3 did not include a diagnosis for hydrocortisone 1% cream.<br><br>-The MAR for Resident #4 did not include diagnoses for the medications Carbidopa/Levodopa 25mg/100 mg, Venlafaxine HCL 75 mg, and Lidoderm patch.<br><br>-The MAR for Resident #6 does not include diagnoses for Celexa 20 mg, Levothyroxine 88 mcg. | 5/6/10  | All violations cited have been updated and include diagnoses for medications<br><br>2. ALF Manager will review MARs for diagnoses monthly<br><br>3. Pharmacy Consultant will provide quarterly checks and provide report to Administrator. |                                      |

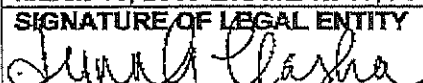

05/05/2010 WED 14:51 FAX 6105583268

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

|  |                       |   |
|--|-----------------------|---|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
| <b>DATE</b><br>5/6/10  |                       |   |

| 1<br>REGULATION<br>55 Pa.Code § 2600. | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|---------------------------------------|--|---|--|--------------------------------------|
|                                       | Calcium with Vitamin D 500/200, and Ativan 0.5 mg.<br><br>-The MAR for Resident #8 did not have diagnoses for Calcium with Vitamin D 800 mg, Certovite Senior/Lutein Tablet, Docusate Sodium 100 mg, Lexapro 5 mg, Mirtazapine 15 mg, Polyethylene Glycol 17 gm/1 dose, Ropinirole HCL 2 mg, Seroquel 25 mg, Vitamin D 100 unit, Carbidopa/Levodopa, 25/100 mg, and Midodrine 5 mg.<br><br>The MAR for Resident #9 did not include diagnoses for Metformin HCL 500 mg and Lisinopril HCTZ 20, 25.5 mg. |   |  |                                      |

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

|  |                       |   |
|--|-----------------------|---|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
|  |                       | <b>DATE</b><br>5/6/10   |



| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|--|--|---|--|--------------------------------------|
| 187b<br>The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered. | -The medication administration record (MAR) for Resident #2 did not include initials for the administration of the following medications: <ul style="list-style-type: none"> <li>• Naproxen sodium 2220 mg at 5 p.m. on 2/4/10 and at 10 a.m. on 2/28/10</li> <li>• Celexa 30 mg at 10 a.m. on 2/28/10</li> <li>• Diltiazem CD 120 mg at 10 a.m. on 1/28/10</li> <li>• Lisinopril 10 mg tablet at 10 a.m. on 1/28/10</li> <li>• Aspirin EC 325 mg, Calcium with Vitamin D, Celexa 20 mg, Klonopin 5mg, Diltiazem CD 120 mg, Lisinopril 10 mg, naproxen Sodium 220 mg, and Ativan at 10:00 a.m. on 3/14/10</li> </ul> | 5/1/10  | <ul style="list-style-type: none"> <li>• All staff giving medications will sign MAR at the time of administration.</li> <li>• All staff have received reeducation related to medication administration and MAR checks at change of shift.</li> <li>• ACF Manager will monitor MAR's for completion.</li> </ul> |                                      |

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

|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661  |                       |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel  |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Mark G. Klaska</i>  | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Cheron Mitchell</i> | <b>DATE</b><br>5/6/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600. | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|---------------------------------------|--|---|--|--------------------------------------|
|                                       | <p>-The MAR for Resident #4 did not include initials for the administration of the following medications at 9 p.m. on 3/7/10: Carbidopa/Levodopa 25 mg/100 mg, Lidoderm patch, Sertraline HCL 25 mg, Sertraline HCL 50 mg, and Venlafaxine HCL 75 mg.</p> <p>-The MAR for Resident #9 did not include initials for the administration of Carbidopa/Levodopa 25-250 mg at 1 p.m. on 3/1/10.</p> |   |  |                                      |

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

|  |                       |   |
|--|-----------------------|---|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010.                            |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
|  |                       | <b>DATE</b><br>5/6/10   |

| 1<br>REGULATION<br>55 Pa.Code § 2600.                           | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE COMPLIANCE VERIFIED BY DPW |
|---|--|---|--|--------------------------------------|
| 187d<br>The home shall follow the directions of the prescriber. | -The January medication administration record (MAR) for Resident #5 included Aspirin 81 mg at 6:00 a.m. The medication was not administered on 1/1/10 and "Aspirin not in yet" was written on the MAR.<br><br>-The MAR for Resident #4 included Zofran as needed but the medication was not available for this resident in the home. | 5/10/10   | 1. All medications will be administered as ordered<br>2. Staff has serviced on process to re-order medications<br>3. Staff education on notifying prescriber if unable to follow directions related to meds.<br><br>AL Manager will monitor MARs monthly for completion of medication administration | 5-18-10 JH                           |

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

|  |                       |   |                        |
|--|-----------------------|---|------------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |                        |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christina McHale, James Hummel |                        |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>[Signature]</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>[Signature]</i>    | <b>DATE</b><br>5/11/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|---|---|---|---|--|
| 202<br>The following procedures are prohibited:<br><br>(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. | The medications for Resident #6 included Lorazepam 0.5 mg as needed for agitation. The medication was administered on 12/20/09 for "pacing and agitation" and on 12/6/09 for agitation. | 5/1/10  | <ul style="list-style-type: none"> <li>Physician will write a clarifying order related to drug use and resident's specific mental, emotional or behavioral condition.</li> <li>ALF Manager will review all physician orders to ensure compliance.</li> <li>Res #6 has had order clarified with physician for <del>proper</del> medication use for anxiety.</li> <li>Administration will ensure no medications will be administered to control resident behavior.</li> <li>AL Manager will review orders for clarification.</li> </ul> | <p>Steps have been taken to correct violation, full compliance is not verified.</p> <p>Date: 5/10/10<br/> Initials (DPW): <i>[Signature]</i></p> |

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

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| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michella Morton, Christine McHale, James Hummel   |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>Synal Asha</i>  | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>Christine McHale</i> | <b>DATE</b><br>5/6/10 |


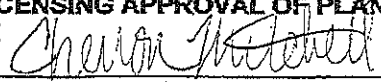
| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW  |
|---|---|---|---|---|
| 226a<br>The resident shall be assessed for mobility needs as part of the resident's assessment. | <p>-The medical evaluation for Resident #8 dated 1/4/10 states the resident is unable to move from one location to another without physical assistance from others. The assessment dated 1/5/10 states that the resident is mobile.</p> <p>-The medical evaluation for Resident #7 dated 2/1/10 states the resident is unable to move from one location to another without physical assistance from others. The assessment dated 2/8/10 states that the resident is mobile.</p> | 5/10/10   | <p>• Both residents cited were errors on medical evaluation. Physicians will update medical evaluations to reflect mobility without assistance.</p> <p>• Physicians will receive re-training on completing medical evaluations.</p> <p>• ALF Manager will review all medical evaluations to verify assessments match medical evaluations.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date 5-18-10<br/>Initials (DPW) <i>AM</i></p> |

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

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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel |                       |
| <b>SIGNATURE OF LEGAL ENTITY</b><br><i>[Signature]</i>   | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br><i>[Signature]</i>    | <b>DATE</b><br>5/6/10 |


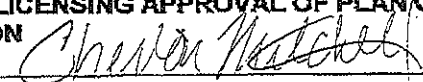
| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION/CLASS   | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
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| 227c<br>The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. | The assessment for resident #3 was updated on 2/1/10 due to a significant change but the home did not update the resident's support plan. The most recent support plan was dated 12/21/09. | 5/10/10   | <ul style="list-style-type: none"> <li>Resident was discharged from facility.</li> <li>All support plans will be revised within 30 days upon completion of assessment or as needed with change in resident's needs.</li> <li>Weekend LPN will perform check of assessments and support plans to ensure compliance.</li> </ul> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date 5-18-10<br/>Initials (DPW) <i>[Signature]</i></p> |

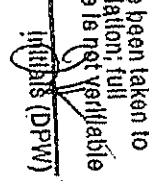
**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>March 15, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
|  |                       | <b>DATE</b><br>5/6/10   |



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| 227d<br>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. | The preadmission screening dated 12/2/09 and physician orders for Resident #2 include the use of a CPAP at night, a gel cushion, and a bed alarm but these items are not included on the resident's support plan dated 12/22/09. | 4/30/10   | <ul style="list-style-type: none"> <li>• Support plan has been updated to include use of CPAP, gel cushion and bed alarm</li> <li>• All support plans will include documentation of all equipment and services provided to residents.</li> <li>• Weekend LPN will review all assessments and ensure support plans accurate and include all services and equipment provided to residents.</li> </ul> | Steps have been taken to correct violation; full compliance is not verifiable.<br>Date 5-6-10<br>(Initials (DPW)) |

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

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| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Renaissance Gardens at Maris Grove<br>500 Maris Grove Way, Glen Mills, PA 19342 |                       | <b>CURRENT LICENSE NUMBER</b><br>134661   |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 16, 2010 and March 16, 2010                             |                       | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel   |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            | <b>DATE</b><br>5/4/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
|  |                       | <b>DATE</b><br>5/6/10   |

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| 227g<br>Individuals who participate in the development of the support plan shall sign and date the support plan. | Resident #9 participated in the development of the support plan dated 11/18/09 but did not sign the support plan. | 5/7/10  | Resident 9 has a signed support plan<br><br>All resident support plans will be signed/dated when resident participates<br><br>Weekend AL Nurse will verify signatures present on chart audits | Steps have been taken to correct violation; full compliance is not verifiable<br>Date 5/16/10<br>Initials (DPW)  |



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


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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>March 15, 2010 and March 16, 2010                             |  | <b>REGIONAL REPRESENTATIVE</b><br>Michelle Morton, Christine McHale, James Hummel |   |
| <b>SIGNATURE OF LEGAL ENTITY</b><br>            |  | <b>DATE</b><br>5/4/10   | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |
|  |  |   | <b>DATE</b><br>5/6/10   |

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|---|--|---|--|---|
| 252<br>Each resident's record shall include the following information:<br><br>(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.<br>(3) A photograph of the resident that is no more than 2 years old.<br>(10) A record of incident reports for the individual resident. (keep copies in general file also for purpose of quality management review in 26b).<br>(18) An inventory of the resident's personal property as voluntarily declared by | -The record for Resident #2, admitted on 12/3/09, did not contain an inventory of personal belongings, hair color, eye color, and identifying marks.<br><br>-The record for Resident #3, admitted on 12/3/09, did not include hair color, eye color and identifying marks.<br><br>-The record for #4, admitted on 12/7/09, did not include a dated picture or identifying marks.<br><br>-The record for Resident #8, admitted on 1/5/10, did not include identifying marks.<br><br>-The record for resident #9, admitted on 11/4/09, did not | 5/10/10   | 1. All resident records cited have been updated to include all information<br>2. All records will include all information required in 252<br>3. Residents and families will complete personal inventory on admission and update as needed.<br>4. All resident incident reports will be placed on resident charts | Steps have been taken to correct violation, full compliance is not yet effective<br>Date 5-10-10<br>[Signature] (DPW) |

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

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| the resident upon admission and voluntarily updated.<br>(19) An inventory of the resident's property entrusted to the administrator for safekeeping. | include identifying marks.<br><br>-Resident #9 fell in the home at 10 p.m. on 12/5/09 and was sent to the emergency room via 9-1-1 and was then diagnosed with a broken hip. The incident report was not in the resident's record. |   | Weeked Nurse will audit records to ensure compliance with plan   | Steps have been taken to correct violation; full compliance is not verifiable<br>Date 5-6-10<br>Initials (DPW)  |

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