

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ALBRIGHT CARE SERVICES
LEGAL ENTITY

To operate NORMANDIE RIDGE
NAME OF FACILITY OR AGENCY

Located at 1700 NORMANDIE DRIVE, YORK, PA 17408
(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 66
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 22, 2010 until June 22, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 351320

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

JUL 12 2010

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

Mr. Douglas L. Flasher, Executive Director
Albright Care Services
90 Maplewood Drive
Lewisburg, Pennsylvania 17837

RE: Normandie Ridge
1700 Normandie Drive
York, Pennsylvania 17408

Dear Mr. Flasher:

As a result of the Department of Public Welfare's licensing inspection on April 19, 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.

The license indicates the home's recent change in the mailing address.

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

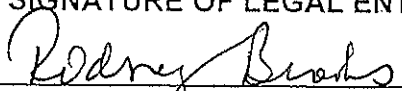

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

| | | | |
|---|---|--|--------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Normandie Ridge 1700 Normandie Drive York, PA 17408 | | CURRENT LICENSE NUMBER 351320 | |
| INSPECTION DATE(S) (Include all dates of the inspection) April 19, 2010 | REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager | | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Rodney Brooks PEHA | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rodney Brooks</i> | DATE 5-26-10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bromberg</i> | DATE 6/9/10 |

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|---|---|--|--|---|
| 41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 41d, or documentation of efforts made to obtain signature, shall be kept in the resident's record. | The home could not provide documentation that the following residents received a copy of the residents rights upon admission. Resident #1, admitted 1/11/10 Resident #2, admitted 12/1/09 Resident #3, admitted 12/29/09 | 5/24/2010 | Each resident, upon admission, shall receive a copy of the resident agreement (contract) which indicates resident rights. The copies are given to the resident who in return shall sign acknowledgment of receiving a copy of the resident rights. The signed acknowledgment shall be placed in the resident's medical record. | 6/11/10 CB |

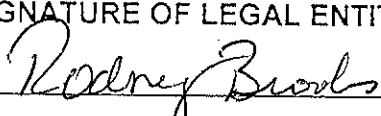

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| 63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times. | The home did not have any staff trained in first aid and cardiopulmonary resuscitation in the home at the following times: <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th style="font-size: small;">Date</th> <th style="font-size: small;">Shift</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">2/23/10</td> <td style="font-size: small;">11:00p-5:00a</td> </tr> <tr> <td style="font-size: small;">3/2/10</td> <td style="font-size: small;">11:00p-5:00a</td> </tr> <tr> <td style="font-size: small;">4/5/10</td> <td style="font-size: small;">11:15p-4:45a</td> </tr> <tr> <td style="font-size: small;">4/16/10</td> <td style="font-size: small;">11:15p-4:45a</td> </tr> </tbody> </table> | Date | Shift | 2/23/10 | 11:00p-5:00a | 3/2/10 | 11:00p-5:00a | 4/5/10 | 11:15p-4:45a | 4/16/10 | 11:15p-4:45a | 5-19-2010 | All staff members shall be in-serviced and trained in cpr and first aid. The staff developer will train staff members yearly and as needed to remain compliant. Documentation shall be collected, and the administrator or designee shall monitor staff training Staff member completed the training 5-19-2010 - <i>Ln Admn- Could not locate</i> The administrator or designee will chart training for all staff to ensure that there is always coverage by F/A + CPR trained staff. CS 6/9/10 | Steps have been taken to correct violation; full compliance is not verifiable 6/9/10 <i>CS</i> Date Initials (DPW) |
| Date | Shift | | | | | | | | | | | | | |
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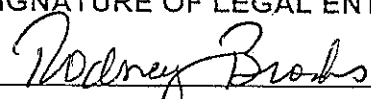

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| 64c An administrator shall have at least 24 hours of annual training relating to the job duties. | Staff person, G, hired 1/22/08, completed 13 hours out of the required 24 hours of annual training during 2009. | 5-24-2010 12-31-10 | Administrator shall complete required training on a annual basis. Administrator shall attend required 24 of accredited continue education. <i>Administrator G. will complete 11 hours to full 11 2009 + 24 for 2010 for a total of 34 hours of approved Administrator training by 12/31/10</i> | 6/11/10 CB |

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| 65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties. | Staff person, A, hired 6/21/07, completed 7 hours out of the required 12 hours of annual training during 2009. | 5-24-2010 | Staff person shall attend and achieve required 12 hours of training per year. Staff Developer coordination will monitor all staff members training hours. The Administrator or designee will chart training for all staff persons, review training records quarterly to ensure that all direct care receive at least 12 hours of annual training as required. | 6/11/10 CB CB 6/9/10 |

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| <p>65f Training topics for the annual training for direct care staff persons shall include the following:</p> <p>(1) Medication self-administration training. (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. (3) Care for residents with dementia and cognitive impairments.</p> | <p>Staff person, A, hired 6/21/07, did not have any training in any of these topics in 2009.</p> | <p>5-24-2010</p> | <p>Staff person shall complete required training exercises as required by DPW. Staff Developer shall audit these training exercises to assure that staff member is in compliance.</p> <p><i>The administrator or designee will chart training for all staff persons, and review training records quarterly to ensure that all direct care staff receive training on all required topics annually.</i></p> | | <p>Steps have been taken to correct violation; full compliance is not verified.</p> <p><i>6/11/10</i> <i>CB</i></p> <p>Date Initials (I)</p> |

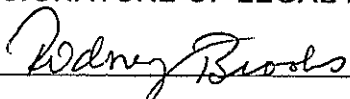
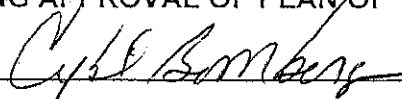
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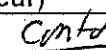
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| (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. (5) Personal care service needs of the resident. (6) Safe management techniques (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home. | | |  | |

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| 65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under | Staff person, A, hired 6/21/07, did not have any training in any of these topics in 2009. The home conducts their annual fire safety training by using computer training through Silver Chair. The home does not conduct any fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert. | 5-24-2010 | All personal care staff shall be trained in fire extinguisher usage and extinguishing a fire by a trained staff member who was trained by a fire safety expert. As of 5-24-2010, all personal care staff members were in-serviced and signed on the required DPW form. <i>The administrator or designee will chart training for all staff persons and review</i> | Steps have been taken to correct violation; full compliance is not verifiable <i>6/11/10</i> Date <i>CS</i> Initials (DPW) |

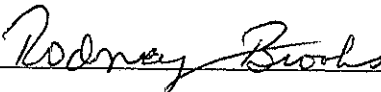
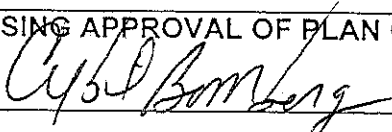
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| these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable. | | | <i>training records quarterly to ensure that all staff persons receive required training each year on each required topic subject. 6/9/10</i> | <i>Cont'd</i> |

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| 66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year. | The home's 2010 staff training plan did not include any of the required elements. | 5-24-2010 | The home's 2010 staff training plan shall be placed on the required DPW staff training plan form. The staff training form shall be updated to accommodate required training exercise per DPW. <i>The home's administrator or designee will develop a training plan for each year in advance - at the end of the previous year. The plan will include all components as required by this regulation. CB 6/9/10</i> | 6/9/10 CB |

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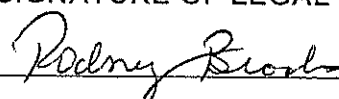
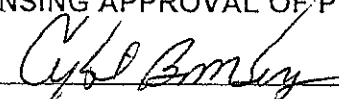
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| 81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards. | In Room 208, there was a bedrail on the left side of Resident #4's bed. It was 26 inches wide x 10 inches high, and the opening was 25 inches wide x 9 inches high. These openings are a potential danger for limb or head entrapment. | 4- 4/19/2010 | Bed rail was immediately removed prior to exit of surveyors The administrator or designee will be checking to ensure that there are no bedrails on any beds in the home. 03/6/10 | 6/9/10 CB |

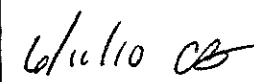
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| 132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. | The fire drill log was missing a drill for the month of October 2009. The home did not document their 10/29/09 fire drill that was conducted by a fire safety expert. Repeat Violation: 6/25/09, et al | 5-24-2010 | The signatures of all participants who respond to an external fire drill, shall sign the required form from DPW, Fire Drill Record. The copy of the form shall be kept in the Environmental Services Director's office. A copy of the exercise shall also be kept in the staff developer training log book. <i>The maintenance director has been re-educated on the requirement to document all fire drills in the home's fire drill log.</i> |  |

6/9/10

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| INSPECTION DATE(S) (Include all dates of the inspection) April 19, 2010 | REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager | |
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| DATE 6/9/10 | | |

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| 132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. | The home routinely conducts fire drills with the assistance of the staff from the Dietary Department and Skilled Nursing Department. These staff are not always available in the building and are not able to respond from the same building. | 5-24-2010 | Personal Care staff members and non-direct care workers in the building, shall respond to all fire alarms. Staff members shall sign name on the required DPW fire drill form. The signed fire drill form shall be kept in the staff developer in-service manuel. | 6/9/10. CB |
| | | | <i>The home's policy has been revised to reflect that staff from the skilled nursing facility will not respond to the PA for fire drills. CB 6/9/10.</i> | |

VIOLATION REPORT
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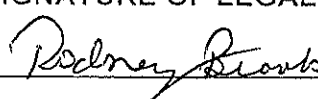
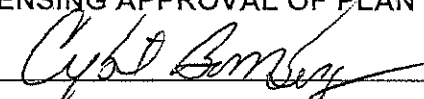
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| 171b4 If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training in 65. | Staff person B, hired 11/11/08, provides transportation for residents. There are times when Staff person B transports residents alone. Staff person B did not complete the initial new hire direct care staff person training. | 6-15-2010 | Staff person completed the direct care staff person training prior to exit. Audit will be done by Administrator/designee to assure that all new staff members that are not cna's complete the direct care staff training prior to providing care for the resident | 6/9/10 <i>CB</i> |

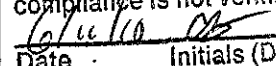
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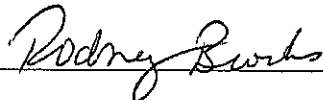
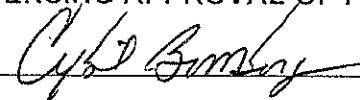
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
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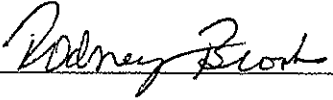
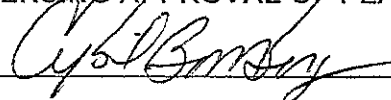
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| 181d If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft. | Resident #5 self-medicates. At approximately 12:30 p.m., Resident #5's room was found unlocked and Resident #5 was not present. Resident #5's medications were found on a shelf of a nightstand in an unlocked container. | 5-20-2010. | Resident educated on locking mediset when [redacted] leaves the room. Charge nurse has been monitoring that the resident locks the mediset in drawer or locks [redacted] door to room. Resident has been locking [redacted] mediset in a drawer when [redacted] leaves the room. Staff shall monitor storage of mediset once daily and document on MAR. | Steps have been taken to correct violation; full compliance is not verified.  Date: 6/16/10 Initials: DPW |

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| 181e To be considered capable to self-administer medications, a resident shall: (1) Be able to recognize and distinguish his/her medication. | Resident #5 self-medicates. During an interview with Resident #5, a daily medication box was found. Resident #5 was able to recognize all the prescribed supplements; however Resident #5 was not able to recognize or distinguish his/her prescribed medications. | 5-20-2010 | The mediset that holds the resident's prescribed medication, clearly describes the medication, which is listed on the back of the mediset. Upon interviewing resident, the resident was able to identify the medication. Medication review with the resident shall be performed quarterly and as needed to remain compliant. Resident was reviewed on 3-26-2010, 3-30-2010, 4-21-2010 | Steps have been taken to correct violation; full compliance is not verifiable 6/4/10  Date Initials (DPW) |

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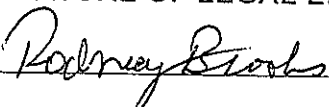
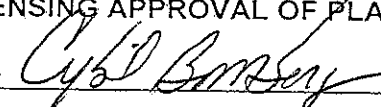
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| 183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. | During a medication review, Resident #6's <i>Anucort-HC 25mg suppositories</i> were found in the refrigerator. This medication was not listed on the Medication Administration Record (MAR) and it was determined by staff person C that the medication was discontinued in January 2010. | 5-24-2010 | All discontinued medication shall be removed from the refrigerator or medication cart when an order is received. Charge nurse shall monitor weekly x 3 months with random checks afterwards. Charge nurse will initial and document audits. | 6/11/10 CB |

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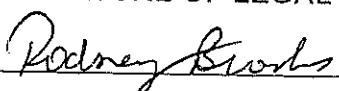
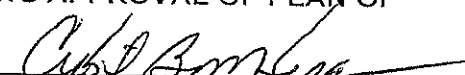
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| 185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. | Resident #7's MAR was missing initials for the medication <i>Prandin .5 mg</i> to be administered at 6:30 a.m. on April 8, 10, 12, 13, 14 and 15. The home recognized the medication errors during the Department's visit. | 5-24-2010 | Required medication error form shall be filled out and DPW notification performed by charge nurse/administrator when a medication error is detected. Daily audits by the charge nurse shall be performed for 3 months with random periodic checks there after. Staff shall be rein-serviced on medication administration and documentation. | Steps have been taken to correct violation; full compliance is not verified. 6/16/10 CBS Date Initials (DPW) |

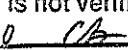
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| 187a A medication record shall be kept to include the following for each resident for whom medications are administered: 14) Name and initials of the staff person administering the medication. | On 4/5/2010 the prescription, <i>Vicodin</i> was administered to Resident #7. According to the home's medication policy, the controlled substance count sheet was completed. However, the front page of the resident's Medication Administration Record (MAR) did not include the initials of the staff person that administered the medication on 4/5/2010. Repeat Violation: 6/25/09, et al | 5-20-2010 | Staff members shall be re-in-serviced on medication administration and documentation. Charge nurse to audit MAR every shift for 3 months then have periodic random checks afterwards. | <i>6/11/10 OB</i> |

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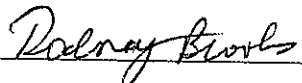
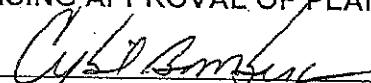
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| 187d, The home shall follow the directions of the prescriber. | Resident #7's Medication Administration Record (MAR) was missing initials for the medication Prandin .5 mg to be administered at 6:30 a.m. on April 8, 10, 12, 13, 14 and 15. Resident #7 did not receive the medication Prandin .5 mg. as prescribed by the physician. | 5-20-2010 | Staff members in-serviced on medication administration and documentation. Charge nurse to audit MAR every shift for 3 months then have periodic random checks afterwards. Staff member committing error was terminated. | Steps have been taken to correct violation; full compliance is not verifiable 6/11/10  Initials (DPW) |


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| 190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections form insect bites or other allergies. | <ul style="list-style-type: none"> • The home did not have documentation of completion of the Department approved medication training course for staff person D, E and F. Staff persons D, E and F administer medications to residents. • Unlicensed staff administers nebulizer treatments to Resident #8. The home can not provide any documentation for staff training in administering nebulizer treatments. <p>Repeat Violation: 6/25/09, et al</p> | 5-24-2010 | <p>Staff members have been re-trained in nebulizer treatments by a licensed staff member. Continued in-services on staff medication administration shall be documented on required DPW training forms.</p> <p>Staff members trained on 11-24-2009 and re-in serviced on 5-24-2010.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>6/11/10 CB</i></p> <p>Date Initials (DPW)</p> |

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| 191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept. | The home could not provide documentation that Resident #1, #2 and #3 were educated about their right to question or refuse a medication. | 5-24-2010 | Each resident, upon admission shall receive a copy of the resident agreement (contract) which indicates resident rights. The copies are given to the resident who in return will sign acknowledgment of receiving a copy of the resident rights. The signed acknowledgment shall be placed in the resident's medical record. | 6/9/10  |

The right to question or refuse a medication has been included in the resident rights in the resident/home contract. CB 6/9/10.