

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOSPICE OF CENTRAL PENNSYLVANIA, INC.

To operate THE CAROLYN CROXTON SLANE RESIDENCE-HOSPICE OF CENTRAL PA

Located at 1701 LINGLESTOWN ROAD, HARRISBURG, PA 17110

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 6 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

and shall remain in effect from June 4, 2010 until June 4, 2011, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 362220

Robert E. Robinson
ISSUING OFFICER

Kim 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.



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

ADULT RESIDENTIAL LICENSING

JUN 04 2010

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Karen Paris, CEO
Hospice of Central Pennsylvania, Inc.
P.O. Box 266
Enola, Pennsylvania 17025

RE: The Carolyn Croxton Slane Residence
1701 Linglestown Road
Harrisburg, Pennsylvania 17110

Dear Ms. Paris:

As a result of the Department of Public Welfare's licensing inspection on April 27, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

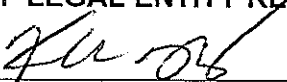

Sincerely,

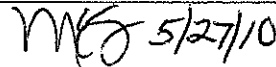
A handwritten signature in black ink that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

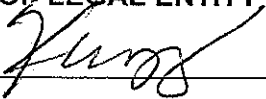
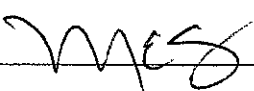
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME The Carolyn Croxton Slane Residence-Hospice of Central PA 1701 Linglestown Road, Harrisburg, PA 17110		CURRENT LICENSE NUMBER 362220		
INSPECTION DATE(S) (Include all dates of the inspection) 4/27/10		REGIONAL REPRESENTATIVE Lori Gensil		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Karen Paris, CEO				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 5.21.10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	
			DATE 5/27/10	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a2, 141a-1 22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department. AND 141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse	Resident #1's, admission date 3/8/10, initial medical evaluation is not dated.	Immediately by administrator.	SHORT TERM Despite attempts to verify the date of signature on resident's medical evaluation, the physician's office was unable to determine when medical evaluation was signed. No record was kept of the completion of the paperwork. Office personnel verified that they attempt to follow-up on requests within 3 business days. This administrator's record indicates faxed request for medical evaluation was done on 3/5/10.	 5/27/10

MAY 25 2010

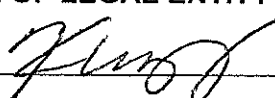
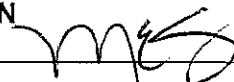
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practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.		initiate with all subsequent admissions as of inspection date, by administrator.	<u>Long Term</u> 1) When admission is scheduled, the resident's medical evaluation will be faxed immediately to the physician's office. 2) If no response within 7 days, a 2nd request will be faxed. 3) Another attempt will be made at 14 days from admission if no response, along with a phone call to MD's office. 4) If necessary, administrator will hand deliver medical evaluation to physician's office for signature. 5) Resident Records will be reviewed weekly to monitor signatures and completion of required documents. This will be done as part of the weekly Facility Quality Checklist by the administrator or designee.	

NOTE: Because this resident is a hospice patient, a copy of the Physician Plan of Care was obtained dated & signed 2/17/10. Although not a substitute for the medical evaluation, it...

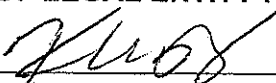
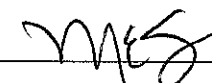
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51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). AND 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act	Direct care staff member A's, hire date 5/2/08, criminal history check was completed on 8/21/08, more than 30 days after the hire date.	Immediately by Administrator Onset with next new hire, by administrator.	Short term 1) Advise/inform legal entity that criminal background history check was not completed in a timely manner. 2) Recommend to legal entity to utilize PSP PATCH system for expedited and timely receipt of criminal history check. Long term 1) Upon hire of new staff, PCH Administrator will forward Criminal History check immediately to Legal Entity. 2) If response has not been received within 10 days, PCHA will follow-up with legal entity. 3) If no record is received by day 20 of hire date, PCHA will follow-up with PSP.	Steps have been taken to correct violation; full compliance is not verified 5/27/10 Date: Initials: (DPW)

4) If PSP indicates they have not received the request or it is not going to be available within the 30 day time frame, PCHA will intercede and pursue the document by the PSP PATCH system.
5) Until appropriate documentation is received from PSP for the (int)

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(35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.			(5 cont) Staff member, they will not be permitted to provide direct care. b) "New Staff" category has been added to the Facility Quality checklist to routinely monitor timeliness of required paperwork. This checklist will be utilized weekly by the administrator or designee to assess necessary compliance.	