

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BETHANY VILLAGE, INC.

LEGAL ENTITY

To operate BETHANY VILLAGE

NAME OF FACILITY OR AGENCY

Located at 150 NOBLE LANE, BETHANY, PA 18431

(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 70
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

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

No: 203570

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

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

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

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

JUL 02 2010

Ms. Myrna Vogel, Administrator
Bethany Village, Inc.
Bethany Village
150 Noble Lane
Bethany, Pennsylvania 18431

Dear Ms. Vogel:

As a result of the Department of Public Welfare's licensing inspection on May 3, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

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

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Bethany Village, 150 Noble Lane, Bethany, Pennsylvania, 18431		CURRENT LICENSE NUMBER 203570	
INSPECTION DATE(S) (Include all dates of the inspection) May 3, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Myra Vogel</i>	DATE 6/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hussey</i>	DATE 6-14-10

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's policy regarding reportable incidents does not specify how the home will prevent reportable incidents from occurring.	6/17/10	The home has developed and implemented written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions. The Reportable Incident policy has been expanded and specifies how the home will prevent reportable incidents from occurring. (See Attachment #1) The Quality Management panel will be responsible for ensuring continued compliance with this requirement. This requirement will be reviewed at the next Quality Management Meeting.	6-14-10 DH

RECEIVED

JUN 11 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Melina Vogel</i>		DATE 6/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawey</i>
			DATE 6-14-10


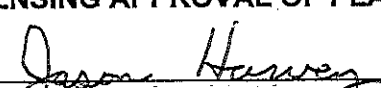
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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The following resident rooms' bathrooms had a black moldy discoloration located on the bath tub surfaces along the caulking between the tub surrounds and the bath tubs. <ul style="list-style-type: none"> • #108- blackened caulking along the front of the tub & surround. • # 124- Black moldy marks were located along the tub surround. • #206 Black moldy discolored caulking was located along the surface of the tub surround and tub surface. • #213 Black moldy substances were located on the right side of the tub under the faucet area of the tub. 	6/25/10	Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards. ALL resident bathrooms have been inspected and any areas requiring new caulk have received the same. (See Attachments # 2-6) The Environmental Services Supervisor will be responsible for ensuring continued compliance with this requirement through the Preventative Maintenance Program. All staff will be in-serviced on this requirement.	6-14-10 JH

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Meyna Vogel</i>	DATE 6/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-14-10



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92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	Room #209 did not have a screen in an open window upon inspection of the resident bedroom.	6/25/10	<p>Windows, including windows in doors, shall be in good repair and securely screened when doors and windows are open.</p> <p>The screen in Room 209 was behind the resident's door and was replaced and CORRECTED AT THE TIME OF SURVEY.</p> <p>The Environmental Services Supervisor will be responsible for ensuring continued compliance with this requirement.</p> <p>All staff will be in-serviced on this requirement.</p>	6-14-10 JH


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130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's emergency procedures do not indicate the procedures the home will implement in the event the home's smoke detector/fire alarm system become inoperable or the method of alerting residents and staff in the event of a fire.	6/25/10	The home's emergency procedures indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable. The home's emergency procedures have been revised to indicate the procedure which will be implemented in the event the home's smoke detector/fire alarm system becomes inoperable, including the method of alerting residents and staff in the event of an emergency. (See Attachment #7&8) The Environmental Services Supervisor will be responsible for ensuring continued compliance with this requirement. All staff will be in-serviced on this requirement.	6-14-10 AH

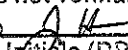
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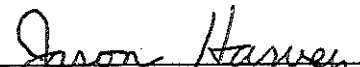
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132e A fire drill shall be held during sleeping hours once every 6 months.	The home's fire drill records indicate the home is not conducting sleeping-hour fire drills at least once every 6 months. The last two drills conducted during sleeping hours are as follows: <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>Date</u></td> <td style="text-align: center;"><u>Time</u></td> </tr> <tr> <td style="text-align: center;">10/31/09</td> <td style="text-align: center;">12:50am</td> </tr> <tr> <td style="text-align: center;">3/30/09</td> <td style="text-align: center;">10:58pm</td> </tr> </table>	<u>Date</u>	<u>Time</u>	10/31/09	12:50am	3/30/09	10:58pm	6/25/10	A fire drill will be held, at least, every six months during sleeping hours. An overnight fire drill was held on 5/26/10. (See Attachment #9) The Environmental Services Supervisor will be responsible for ensuring continued compliance with this requirement. All staff will be in-serviced on this requirement.	Steps have been taken to correct violation; full compliance is not verifiable <div style="text-align: right;"> 6-14-10  Date Initials (DPW) </div>
<u>Date</u>	<u>Time</u>									
10/31/09	12:50am									
3/30/09	10:58pm									

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p>The home's fire drill records indicate that on 3/31/10 at 10:36am 40 of 43 residents present in the home at the time of the fire drill evacuated the home. All residents must evacuate during each fire drill.</p> <p>Based upon staff interviews, it was determined that residents are not evacuated to either an external meeting place or to the internal designated fire-safe areas during inclement weather but remain inside near the exit doors. The fire-safety letter, dated 9/22/09, specifies the South and East stairwells as being the only designated internal fire-safe areas and therefore the residents must evacuate to one of the designated internal areas or to an external fire- safe area during each fire drill.</p>	6/25/10	<p>Residents will evacuate to a designated meeting place away from the building or within the fire safe area during each drill. All residents who refused to participate during the drill held on 3/31/10 were given letters notifying them of their need to comply with evacuation during fire drills. (See Attachment #10, 11 & 12)</p> <p>All residents will be evacuated to the designated external meeting place or to the South or East stairwell fire safe area.</p> <p>The Environmental Services Supervisor will be responsible for ensuring continued compliance with this requirement.</p> <p>All staff will be in-serviced on this requirement.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">6-14-10  Date Initials (DPW)</p>

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #5 in had OTC medications in their room that were not locked. Resident #5 was assessed as capable of self administering medication. However, the resident did not maintain their OTC medications in a locked and secure manner. The resident had 8 once bottle of Miralax laxative, a bottle of Tums antacid and a jar of Vicks brand of Vapor Rub.	6/25/10	<p>All prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. This includes medications and syringes kept in the resident's rooms. A family member of Resident #5 had just dropped off the medications in question to the resident who was then walking his family member to the car at the time the surveyors entered his room. All medications were removed from the resident's room at the time of survey, thereby CORRECTING THE VIOLATION AT THE TIME OF SURVEY.</p> <p>The Health Services Supervisor will be responsible for ensuring continued compliance with this requirement.</p> <p>All resident care staff will be in-serviced on this requirement.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">6-14-10 Date Initials (DPW) AK</p>

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.184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	<p>The following over-the-counter medications prescribed to the stated residents were not labeled with the resident's name:</p> <p>Resident #1: Wobenzym N dietary supplement and "The Vitamin Shoppe"-brand Cardio- Vascular CO Q-10 100mg</p> <p>Resident #2: "Health Resources" brand enhanced oral chelation dietary supplement</p> <p>Resident #3: "Health Heart" brand Essential Omega III and "Rite-Aid" brand Aspirin 81mg</p>	6/25/10	<p>OTC medications and CAM belonging to a resident, are identified with the resident's name. The over the counter medications in question had just been placed in the medication cart and not yet labeled by the resident care manager who monitors that cart. All medications were labeled at the time of survey, thereby CORRECTING THE VIOLATION AT THE TIME OF SURVEY.</p> <p>The Health Services Supervisor will be responsible for ensuring continued compliance with this requirement.</p> <p>All resident care staff will be in-serviced on this requirement.</p>	6-14-10 JK