

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SENIOR LIVING NP, LLC

LEGAL ENTITY

To operate PLUSH MILLS

NAME OF FACILITY OR AGENCY

Located at SECOND AND FOURTH FLOORS, 501 PLUSH MILL ROAD, WALLINGFORD, PA 19086

(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 79

(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 July 10, 2010 until July 10, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 131040

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

Ms. Kelly Cook Andress, President
Senior Living NP, LLC
Plush Mills
501 Plush Mill Road
Wallingford, Pennsylvania 19086

Dear Ms. Andress:

As a result of the Department of Public Welfare's licensing inspection on May 4, 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

| | | | | |
|---|---|-----------------|--|-----------------|
| No. 9199 P. 2 | NAME AND ADDRESS OF PERSONAL CARE HOME Plush Mills 501 Plush Mill Road, Wallingford, PA 19086 | | CURRENT LICENSE NUMBER 131040 | |
| | INSPECTION DATE 05/04/2010 | | REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Megan Langley, Executive Director</i> | | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Megan Langley</i> SENIOR LIVING NP LLC | | DATE 5/20/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Paul Metzger</i> | DATE 4/23/10 |

| 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 |
|--|---|---|---|---|
| 25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract). | The contracts for residents #1, 2, 3, 4, 5, 6 and 7 did not include the home's policy regarding resident's rebates. | May 18, 2010 May 28, 2010 | <u>25d -1SOP</u> The Plush Mill Resident Home Contract has been revised to include whether the home collects a portion of the Resident's rent rebate under Section 2600.25(d) (relating to resident home contract.) This statement of policy will remain a permanent revision to the Resident Contract effective 5.18.10. Additionally, each resident will have a record of Addendum C regarding Rent Rebates signed and in their contract file as of 5.28.10. *See attachment | Steps have been taken to correct violation; full compliance is not verifiable Date: 4/23/10 Initials (DPW): <i>dp</i> |

Jun. 16. 2010- 9:49AM

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

No. 9199 P. 3

| | |
|--|---|
| NAME AND ADDRESS OF PERSONAL CARE HOME Plush Mills 501 Plush Mill Road, Wallingford, PA 19086 | CURRENT LICENSE NUMBER 131040 |
|--|---|

| | |
|--------------------------------------|---|
| INSPECTION DATE 05/04/2010 | REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone |
|--------------------------------------|---|

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)
 Meagan Longley Executive Director

| | | | |
|--|------------------------|--|------------------------|
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Meagan Longley</i> | DATE 5/20/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. [Signature]</i> | DATE 6/23/10 |
|--|------------------------|--|------------------------|

| 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 |
|--|---|--|--|--|
| 51, 52 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). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations. | Staff A was hired on 07/02/2009 and had not been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) immediately preceding their hire. The home did not have an FBI Criminal History Check obtained from the Federal Bureau of Investigation through the PA Department of Aging. Repeat Violation -- 05/19/2010 | May 16, 2010 | <u>51,52</u> Record was obtained indicating that Staff A did have the required FBI Criminal History Check through the PA Department of Aging. Q/A audits will be done quarterly by Plush Mills executive director or designee to insure accurate documentation in employee files. *See attachment <i>Required FBI check for staff A dated 7/7/09 submitted</i> <i>DL 6/23/10</i> | Steps have been taken to correct violation; full compliance is not verifiable Date <i>6/23/10</i> Initials (DPW) <i>[Signature]</i> |

Jun. 16. 2010 9:49AM

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

| | | |
|--|---|---|
| NAME AND ADDRESS OF PERSONAL CARE HOME Plush Mills 501 Plush Mill Road, Wallingford, PA 19086 | | CURRENT LICENSE NUMBER 131040 |
| INSPECTION DATE 05/04/2010 | REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) : Megan Leahy - Executive Director | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE SENIOR LIVING NP LLC <i>Megan Leahy</i> | DATE 5/20/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Paul Metzger</i> |
| | | DATE 6/23/10 |

| 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 |
|--|---|---|--|---|
| 187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. | Resident #1 has a physicians order for furosemide (Lasix) prn and the required information does not appear on the medication administration record. | June 1, 2010 | <u>187A</u> All Medication Administration records will be re-checked once a month by the Charge Nurse. The Charge Nurse will sign-off on the MAR to indicate they have reviewed the records. The Director of Nursing and/or designee will perform random QA checks quarterly to ensure procedures are being followed. | Steps have been taken to correct violation; full compliance is not verifiable 6/23/10 Date Initials (DPW) |

Jun. 16, 2010 - 9:50AM

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

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|--|--|-----------------|---|-----------------|
| No. 9199 P. 5 | NAME AND ADDRESS OF PERSONAL CARE HOME Plush Mills 501 Plush Mill Road, Warrington, PA 19086 | | CURRENT LICENSE NUMBER 131040 | |
| | INSPECTION DATE 05/04/2010 | | REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Melton Longley, Executive Director</i> | | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Melton Longley</i> | | DATE 5/20/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. [Signature]</i> | DATE 6/23/10 |

| 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 |
|--|----------------|--|--|---|
| (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication. | | June 1, 2010 | <u>187A</u> All Medication Administration records will be re-checked once a month by the Charge Nurse. The Charge Nurse will sign-off on the MAR to indicate they have reviewed the records. The Director of Nursing and/or designee will perform random QA checks quarterly to ensure procedures are being followed. | |

Jun. 16. 2010- 9:50AM

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

| | | |
|---|---|---|
| NAME AND ADDRESS OF PERSONAL CARE HOME Plush Mills 501 Plush Mill Road, Wallingford, PA 19086 | | CURRENT LICENSE NUMBER 131040 |
| INSPECTION DATE 05/04/2010 | REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Megan Longley, Executive Director | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE [Signature] | DATE 5/20/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature] |
| | | DATE 6/23/10 |

| 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 |
|---|--|--|---|---|
| 190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months. | Staff B administered insulin on 05/01 and 05/02/2010 and had not completed the Department-approved diabetes patient education program within the past 12 months. | June 15, 2010 | <p align="center">190B</p> Staff B will have completed the Department Approved patient education program by June 15 th . DON and/or Designee will perform random QA checks quarterly to ensure training and required documentation are in compliance. | Steps have been taken to correct violation; full compliance is not verifiable Date: 6/23/10 Initials (DPW): [Signature] |

Jun. 16. 2010- 9:50AM