

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GDL FARMS CORPORATION

LEGAL ENTITY

To operate LUTHER PARK

NAME OF FACILITY OR AGENCY

Located at 3455 DAVISVILLE ROAD, HATBORO, PA 19040

(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 65
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 24, 2010 until June 24, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127900

Robert E. Robinson

ISSUING OFFICER

Ken 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 07 2010

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

Ms. Michele DiVincenzo, Administrator
GDL Farms Corporation
Luther Park
3455 Davisville Road
Hatboro, Pennsylvania 19040

Dear Ms. DiVincenzo:

As a result of the Department of Public Welfare's licensing inspection on May 19, 2010 and May 20, 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". The signature is written in a cursive style with a large initial 'K' and a stylized 'C'.

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 Luther Park 3455 Davisville Road, Hatboro, PA 19040		CURRENT LICENSE NUMBER 127900	
INSPECTION DATE(S) (Include all dates of the inspection) May 19, 2010 and May 20, 2010		REGIONAL REPRESENTATIVE Patricia Adams and Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Michele DiVincenzo ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michele DiVincenzo</i>	DATE 6-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 6/10/10

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
16c 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).	On 5/1/10 at 11am, resident #1 ingested Lasix 20 mg and Isosorbide 30 mg; placed on the table in the dinning room intended for another resident. The home did not report the incident to the Department.	Corrected 5-20-10 Report Faxed - 5-3-10 But NOT RECEIVED Faxed By DON -	All incidents will be reported per DPW reg 2600.16 - This being done by Administrator or her designee / Don. All staff notified per memo by the administrator that reports are accepted by the dept Saturday & Sundays - 7 days a week 24hrs a day see attached memo *	Steps have been taken to correct violation; full compliance is not verifiable <i>Cheron Mitchell</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nachele DiVincenzo</i>	DATE 6-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 6/10/10

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91 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.	The telephone in the activity room was missing the required posted telephone numbers. Repeated Violation - 5/6/09 et. al	Correction completed 5-20-10	Activities department head will ensure emergency members are with/next to phone Dept head will check and document weekly to ensure compliance of this regulation. *Please see attached tool/document.* The required telephone numbers were posted by the telephone in the Activity Room. com 6/10/10	6/10/10 CRM

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michele Dillincenzo</i>	DATE 6-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 6/10/10

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103g Food shall be stored in closed or sealed containers.	-On 5/20/10, a plastic bag with a hole in it containing breaded fish and a partially covered tray of beef tips were observed in the home's kitchen freezer. -On 5/20/10 2 uncovered and unlabeled parfait glasses filled with ice cream were observed in the home's activity room freezer.	Correction ^{for} _{will be} completed 5-20-10 Food discarded	All food in all refrigerators will be tightly wrapped and dated per DPW regulations. Dietary will continue to closely monitor wrapped and dated food items. Will be more careful when placing food trays in racks as not to disturb wrappings. This preventing tears/holes or movement of wrapping activities depart will check refrigerator weekly to ensure compliance and document checks, as	6/10/10 CEM

* See top/sign off sheet.*

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michele Dilincenzo</i>		DATE 6-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 6/10/10

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103i Outdated or spoiled food or dented cans may not be used.	On 5/20/10 an unlabeled and undated plastic zip lock bag containing shrimp was observed in the home's activity room freezer.	Corrected 5-20-10 Food discarded	all food will be dated in all refrigerators - <u>Please see log</u> - Dept head will ✓ weekly and document to ensure compliance of this regulation	6/10/10 cem

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michele DiVincenzo</i>		DATE 6-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
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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 number of residents in the home and the number of residents evacuated were not documented on the fire drill record for the fire drill conducted on 12/11/09 at 4am.	CORRECTED 5-25-10	Administrative Assistant will complete fire log as per DPW regulation. (or the administrator) Please see attached corrected.	6/10/10 CEM

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michelle DiVincenzo</i>		DATE 6-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Mitchell</i>
			DATE 6/10/10

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182c Medication administration includes the following activities, based on the needs of the resident: (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by	On 5/1/10, direct care staff person A's failure to adhere to procedures for administering medications; resulted in resident #1 ingesting medication intended for someone else.	Corrected Staff member Counselor 5-3-10	Staff Nurse was counseled regarding the medication error. Reviewed 182c in addition to the 5-Right of medication administration. This Nurse	Steps have been taken to correct violation; full compliance is not verifiable 6/10/10 Date Initials (DPW) CPM

DPW will ensure compliance of this regulation thru oversight of the dept

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michele DiVincenzo</i>		DATE 6-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 6/10/10

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the prescriber. (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand (for immediate administration). (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4. (7) Complete documentation in accordance with 187.		corrected 5-3-10	see pg 6	

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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 # 2's Lotrisone Cream was stored in the resident's room for the use of the wound treatment nurse from the Visiting Nurse Agency (VNA) and the home provides treatment 2 days per week when the VNA nurse was not scheduled. The resident does not self medicate.	Corrected 5-20-10	Medication/Cream was removed from ER. Staff Nurses will check all meds/creams are returned by contracted "Visiting Nurses" to locked Medication Room, after visiting Resident. Do to also monitor compliance.	<div style="text-align: right;"> Steps have been taken to correct violation; full compliance is not verifiable <i>6/10/10</i> Date <i>PM</i> Initiate (DPW) </div>

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183f 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	On 5/20/10 resident #3's Hydrocortisone Britartrate APAP 5/500, was observed on the medication cart. This medication was discontinued on 4/28/10.	<i>Corrected 5-20-10</i>	<i>The ADON + Staff Nurses will ensure all medications will be returned to the Pharmacy to be destroyed when they have been discontinued and it will be documented on the medication sheet *see attached sheet*</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>6/10/10</i> Initials (DPW) <i>CM</i>

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the person or entity taking responsibility for the new placement on the day of departure from the home.			<i>see pg 9 of 13</i>	

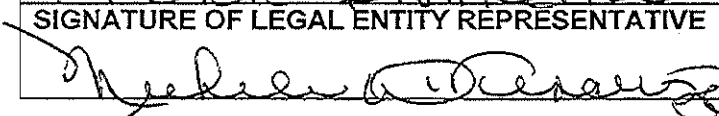

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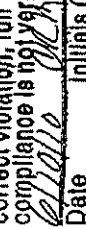
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person	On 5/20/10, resident #4's medication administration record was not initialed for the 8am administration of Synthroid 88mg, Prilosec 20mg, Aspirin 81mg, Claritin 10mg, Colace 100mg and multivitamin.	<i>Corrected 5-20-10</i>	<i>All nurses will initial all medication sheets for each resident for whom medications are administered, in addition to full name at bottom of the medication sheet - See attached *</i>	<i>6/10/10 CRM</i>

*Do will Monitor
 Compliance ~~every~~
 Daily. CRM 6/10/10*

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	On 9/12/09, 10/9/09, 10/15/09 and 10/16/09, resident #2 refused the 8 am dose of Bumex 0.5 mg. The resident's physician was not notified.	Corrected 5-20-10	Nurses will notify the physician when a medication is/are refused. Dr notified along with new orders obtained for day resident goes to their physician. * See attached *	Steps have been taken to correct violation; full compliance is not verifiable  Date _____ Initials (DPW) _____

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227d 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.	-Resident #3, admitted 1/20/10, was admitted to Ambler Medical Center on 2/8/10 for a skin rash and discharged 2/19/10. On 2/19/10 the resident was admitted to Ambler Medical Center for a severe dermatitis reaction. The resident was admitted to the home with the rash. The support plan, dated 2/16/10, did not address the ongoing dermatitis problems.	Corrected 5-20-10	Care plans will be updated and reviewed monthly by all nursing staff by the Charge Nurse. seen at least monthly by physician - Derm consult scheduled 6-3-10 to check on this chronic condition.	Steps have been taken to correct violation; full compliance is not verifiable <i>Charm Mitchell</i> Date Initials (DPW)

seen by VNA 1-20-10
 thru 3-22-10
 * see attached support plan -