

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to UNITED ZION RETIREMENT COMMUNITY, INC.

To operate UNITED ZION RETIREMENT COMMUNITY

Located at 722 FURNACE HILLS PIKE, LITITZ, PA 17543

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 49
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 August 13, 2010 until August 13, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321810

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.



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

ADULT RESIDENTIAL LICENSING

AUG 13 2010

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

Ms. Michelle Beachy, Administrator
United Zion Retirement Community, Inc.
United Zion Retirement Community
722 Furnace Hills Pike
Lititz, Pennsylvania 17543

Dear Ms. Beachy:

As a result of the Department of Public Welfare's licensing inspection on June 10, 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.

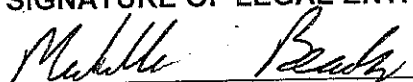
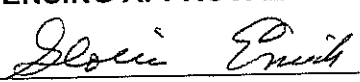
Sincerely,

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

Kevin T. Casey
Deputy Secretary

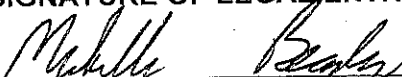
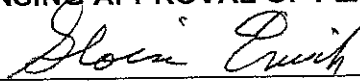
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME United Zion Retirement Community 722 Furnace Hills Pike Lititz, PA 17543		CURRENT LICENSE NUMBER 321810
INSPECTION DATE(S) (Include all dates of the inspection) June 10, 2010	REGIONAL REPRESENTATIVE John Bungo and Doug Hoover	
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 	DATE 7/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 7/29/10

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	There was no signature included for the resident rights page of the contract for Resident No. 1.	7-6-10 See attached copy of contract with resident rights	Resident # was given admission contract with resident rights to review and sign. Resident was given a copy of contract and resident rights which was signed by resident. Future admissions contracts and resident rights will be given to resident after signing contract and double check by PCMA or BL coordinator when PCMA not present	7/29/10 BE

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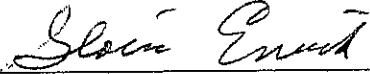
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51 Criminal history checks and hiring 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 (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The home could not produce criminal background checks for contracted employees including the environmental director and hospice agency staff persons.	Criminal checks for hospice was completed 6-10-10 Criminal check for Environmental director was obtained see attached copy	We will secure a copy of a criminal background check for all contracted service providers working for UZRC.	7/29/10 GE

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Emrich</i>	DATE 7/29/10

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
54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	Staff person A did not have a high school diploma or GED and was not on the Pennsylvania nurse aide registry.	High school diploma obtained on Employee A on 6-10-10 see attached	All PCA will provide a copy of his or her diploma or GED upon hiring. This was added to our hiring welcome letter. see attached	7/29/10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7-6-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/30/10

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
85a Sanitary conditions shall be maintained.	One glucometer was being used for all residents who require blood sugar testing. This was confirmed by the LPN on duty at 3:15 pm on the date of the inspection.	All glucometers will be ordered and received by 7-2-10	Upon admission or change of condition, residents needing glucometers will receive their own equipment. This process was added to the admission orders for the OL to sign see attached	7/30/10 BE

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michele Brady</i>	DATE 7-6-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emsch</i>	DATE 7/30/10

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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The ground floor exit door facing Highway 501 (next to a placard stone stating "U.Z.H. 1950") had a 3 inch step and no handrail.	July 31, 2010	3 inch step removed from ground floor exit by modifying the landing to facilitate a 5 inch drop over 20+ inches. Working with contractor to modify landing width in next 30 days	7/30/10 GE

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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>Michelle Brady</i>	DATE 7-6-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enoch</i>	DATE 7/30/10

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109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	The home's dog, "Norman," did not have a current rabies vaccination. The last 2-year booster shot expired on 5/28/10.	Rabies vaccination was done on 6-17-2010 see attached	We will update and maintain a current certificate of rabies vaccination for cats and dogs in the home	7/30/10 BE

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Melinda Brady</i>	DATE 7/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 7/30/10

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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 home's fire drill record did not specify evacuation times in minutes and seconds.	Fire drill was completed on 6-21-10 see attached	Fire drills will be completed monthly; evacuation time will be done in minutes and seconds.	Steps have been taken to correct violation; full compliance is not verifiable 7/30/10 Date Initials (DPW) <i>DE</i>

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133a2 If the home serves <u>nine or more residents</u> , if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	The exit signs at the end of the 1 st and 2 nd floor East/West Hallways were not visible from the opposite ends of the hallways. Ceiling overhangs at the ends of each hallway blocked the signs from view.	July 6, 2010 <i>see attached</i>	The exit signs at the end of 1 st - 2 nd East/West Hallways now have additional exit signs installed in front of overhangs and are readily visible indicating the direction to travel	7/30/10 BE

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old.	The following information was missing from the resident records: --Resident No. 2: recorded height; photo; identifying marks: --Resident No. 3: identifying marks. --Residents No. 4, 5, and 6: identifying marks; photo.	Corrections will be completed by 7-5-10 see attached	Residents height, weight, color of hair, color of eyes, body marks classes, will be marked on back of picture in their chart This was added to admission chart list.	7/30/10 SE