

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to QUINCY RETIREMENT COMMUNITY

LEGAL ENTITY

To operate QUINCY RETIREMENT COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 6596 ORPHANAGE ROAD, PO. BOX 217, QUINCY, PA 17247

(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 52

(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 August 27, 2010 until August 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 306520

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

AUG 30 2010

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

Ms. Hope Manning, Assistant Executive Director
Quincy Retirement Community
P.O. Box 217
6596 orphanage Road
Quincy, Pennsylvania 17247

RE: Quincy Retirement Community
6596 orphanage Road, P.O. Box 217
Quincy, Pennsylvania 17247

Dear Ms. Manning:

As a result of the Department of Public Welfare's licensing inspection on June 14, 2010 and June 15, 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**

08/03/2010 14:43 7177492350

NAME AND ADDRESS OF PERSONAL CARE HOME Quincy Retirement Community 6596 Orphanage Road PO Box 217 Quincy, PA 17247		CURRENT LICENSE NUMBER 306520	
INSPECTION DATE(S) (Include all dates of the inspection) June 14-15, 2010		REGIONAL REPRESENTATIVE Jaime Erb, Lori Gensil, Rebecca Riel	
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>Joanna Stone</i>	DATE 8/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 8/19/10

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
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 for 4/1/2010 did not indicate the number of residents in the home at the time of the drill or the number of residents evacuated. -The home's fire drill record indicated that a drill was conducted on 10/27/09; however the documentation from Select Security indicates that the system was tested on 10/28/09 and 10/29/09 but does not reflect that a drill was conducted on 10/27/09. <small>DPH Division Central Region Field Office</small>	7-1-10	Director of Environmental Services will be responsible for documentation of fire drills. Monthly audits will be conducted for 2 quarters by PCH to assure compliance. audits will be forwarded to quality assurance for compliance and review.	8/19/10 <i>ES</i>

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Joanna Stone</i>		DATE 8/31/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>
		DATE 8/18/10	

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																
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home's fire safety letter dated 4/28/2010 indicates a safe evacuation time of 4 minutes and 30 seconds. The fire drill held on 4/27/2010 did not meet the safe evacuation time. <table border="1" data-bbox="436 1117 856 1323"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac Time</th> <th>Staff</th> </tr> </thead> <tbody> <tr> <td>4/27/10</td> <td>10:35a</td> <td>7min</td> <td>8</td> </tr> <tr> <td>4/28/10</td> <td>12:45p</td> <td>2min 45sec</td> <td>6</td> </tr> <tr> <td>5/27/10</td> <td>6:20p.</td> <td>1min 57sec</td> <td>3</td> </tr> </tbody> </table> Repeated Violation: 6/10/09, et al	Date	Time	Evac Time	Staff	4/27/10	10:35a	7min	8	4/28/10	12:45p	2min 45sec	6	5/27/10	6:20p.	1min 57sec	3	8-10-10	Residents will be re-educated on importance of evacuation for all fire drills, within 4mins 30 sec. Re-education will be done by PCAA thru monthly Resident meetings and as needed basis. Meeting minutes are given to residents and posted on bulletin boards for review. Audits will be conducted monthly for 2 quarters by PCAA to assure compliance. Quality Assurance Committee for review and comment.	8/18/10 <i>CB</i>
Date	Time	Evac Time	Staff																	
4/27/10	10:35a	7min	8																	
4/28/10	12:45p	2min 45sec	6																	
5/27/10	6:20p.	1min 57sec	3																	

Res Admin - Res who was not cooperative was discharged - for phone call with Administration - Staff will also have additional education on evacuation and identifying/assisting with mobility needs involved in evacuation. (cc 8/18/10) Any drill that exceeds the 4 min. 30 sec. time to evacuate will be repeated on the same shift. c8/18/10

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

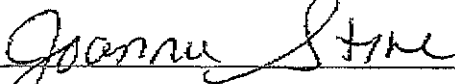
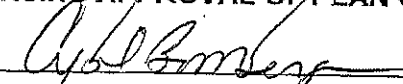
08/03/2010 14:43 7177492350 DHH1 PAGE 04/10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Joanna Stine</i>	DATE 8/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombers</i>	DATE 8/18/10

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												
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The home's fire drill record indicated that one Resident refused to evacuate to a designated meeting place during the fire drills conducted on 9/25/09 and 3/29/10. Staff person A confirmed that one Resident did not evacuate during each drill. <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th># Res in home</th> <th># Res Evac</th> </tr> </thead> <tbody> <tr> <td>9/25/09</td> <td>5:15a</td> <td>30</td> <td>29</td> </tr> <tr> <td>3/29/10</td> <td>8:00p</td> <td>30</td> <td>29</td> </tr> </tbody> </table>	Date	Time	# Res in home	# Res Evac	9/25/09	5:15a	30	29	3/29/10	8:00p	30	29	8-10-10	Residents will be re-educated on regulation and importance of evacuating. Failure of evacuation could lead to discharge from facility. Moving forward if one or more residents do not evacuate for fire drills, fire drill will be repeated until all residents evacuate in recommended time of 4 min 30 sec. PCMA will audit for 2 quarters to assure compliance. Audits will be forwarded to Quality Assurance Committee for review and compliance.	8/18/10 CB
Date	Time	# Res in home	# Res Evac													
9/25/09	5:15a	30	29													
3/29/10	8:00p	30	29													

See Administrator, the resident that had refused to participate in fire drill evacuations. Also now been discharged due to refusal to evacuate. All residents will be instructed at admission of the need to evacuate. CB 8/18/10

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

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			DATE 8/18/10	

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132i A fire alarm or smoke detector shall be set off during each fire drill.	The home's fire drill record for 4/1/10 indicated that the fire alarm was not activated. Staff person A confirmed that the alarm was not activated during this drill.	7-01-10	When Repeated Fire drill is needed, Fire alarm or Smoke detector will be deactivated Moving Forward Director of Environmental Services will activate alarm or smoke detector for all drills pCHA will audit monthly for 2 quarters to assure compliance. Audits will be forwarded to Quality Assurance Committee for review and comment.	8/19/10 CB

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

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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	The patio door leads to an outside courtyard that is enclosed by a mag-lock gate that opens when the fire alarm is activated, however there is no exit sign posted at this door.	6-16-10	Exit Sign was placed above exit door. Audits will be conducted by PCHA quarterly for 2 quarters to assure compliance. Audits will be forwarded to Quality Assurance Committee for review and comment.	8/18/10 <i>CS</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Quincy Retirement Community 6596 Orphanage Road PO Box 217 Quincy, PA 17247		CURRENT LICENSE NUMBER 306520	
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144b The home rules shall specify whether the home is designated as smoking or non-smoking.	According to the facility's smoking policy, the facility is a smoke-free campus. During a facility tour and staff interviews, a designated smoking area was found for visitors at the front entrance of the building and an employee smoking area at the employee entrance of the building near the time clocks.	<i>8-6-10</i>	<i>The home rules reflect the facilities Smoking Status. Home rules will be reviewed at least annually by PCHFA to assure current information changes will be made as policy procedures change. Quarterly audits will be conducted for 3 quarters to assure compliance audits will be forwarded to Quality Assurance for review and</i>	<i>8/18/10 CB</i>

*Comment:
Education will be provided to residents and staff on the current smoking policy and any future changes that may occur. 8/18/10*

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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 #1, admitted 5/18/10, fell on 5/19/10, 5/20/10 and 5/21/10. Resident #1's Physical Therapy assessment dated 5/20/10 indicates generalized muscular weakness, poor balance, unsteady gait and a high risk for falls. Resident #1's support plan, dated 5/21/10, does not reflect mobility needs and how the home will provide care services for these needs.	6-15-10	Resident #1 Support Plan updated to reflect mobility needs. Moving forward all Residents Support Plans will reflect mobility needs and the need for assistance. PCHA will review records quarterly to assure continued compliance. Monthly audits of 5 Residents will be conducted for 2 quarters to assure compliance. Audits will be forwarded to QA for review + comment.	Steps have been taken to correct violation; full compliance is not verified. 8/18/10 Date: Initials (DPW): <i>CB</i>