

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GROVE MANOR

LEGAL ENTITY

To operate WOODCREST SENIOR LIVING COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 1 WOODCREST CIRCLE, SCOTTDALE, PA 15683

(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

31

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 21,

2010

until December 21,

2010

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442121

*Robert E. Robinson*

ISSUING OFFICER

*Kenneth 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

JUN 21 2010

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

Mr. William T. Dunlap, President  
Grove Manor Corporation  
435 N. Broad Street  
Grove City, Pennsylvania 16127

RE: Woodcrest Senior Living Community  
1 Woodcrest Circle  
Scottdale, Pennsylvania 15683

Dear Mr. Dunlap:

As a result of the Department of Public Welfare's licensing inspection on April 30, 2010 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

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

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

# Western Region

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

Page 1 of 4

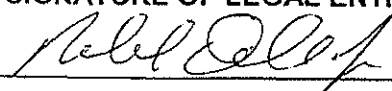

MAY 28 2010

|   |  |   |                |
|---|--|---|----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME<br>Woodcrest Senior Living Community<br>One Woodcrest Circle, Scottdale, PA 15683  |  | CURRENT LICENSE NUMBER<br>Adult Residential Licensing 441880<br>442120          |                |
| INSPECTION DATE(S) (Include all dates of the inspection)<br>April 30, 2010  | REGIONAL REPRESENTATIVE<br>D. Whitney and C. Goedert |   |                |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)<br><i>Robert Dolla JK, Executive Director</i> |  |   |                |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE<br><i>Robert Dolla</i>   | DATE<br>5-27-10                                      | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>Jon B. Kimbrel (JR)</i> | DATE<br>6-9-10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW  |
|--|--|--|--|--|
| 91<br>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. | Bedroom #5 did not have any of the required telephone numbers posted by the telephone. | 5-27-10  | Posting of emergency telephone numbers will be posted by each telephone with outside lines. Monthly checks will be done for compliance.              | Steps have been taken to correct violation; full compliance is not verifiable<br><i>6-8-10</i><br>Date <i>SR</i><br>Initials (DPW) |

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

**Western Region** Page 2 of 4

|   |                        |   |  |
|---|------------------------|---|--|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Woodcrest Senior Living Community<br>One Woodcrest Circle, Scottsdale, PA 15683  |                        | MAY 2010  | <b>CURRENT LICENSE NUMBER</b><br>421330 442120 |
| <b>INSPECTION DATE(S) (include all dates of the inspection)</b><br>April 30, 2010   |                        | <b>REGIONAL REPRESENTATIVE</b><br>Adult Residential Licensing<br>D. Whitney and C. Goedert  |  |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b><br>Robert Dulla Jr. Executive Director |                        |   |  |
| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b><br>   | <b>DATE</b><br>5-27-10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> | <b>DATE</b><br>6-8-10                          |


| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW  |
|---|--|--|---|--|
| 105g-2<br>Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions. | In laundry room #1 there was a thin layer of dust/lint behind the dryers, and covering the walls, ductwork and wiring. | 5-27-10  | As per monthly cleaning of dryer vents, dryers will be moved out & cleaned behind, to include floors, walls & wiring.<br><br>The Administrator or designated staff person will conduct weekly checks of all clothes dryer areas including the vent duct and internal and external duct work. 6-5-10 | Steps have been taken to correct violation; full compliance is not verifiable<br>6-9-10<br>Date: _____ Initials (DPW): _____ |

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

**Western Region**

Page 3 of 4

MAY 28 2010

|  |                        |   |                       |
|--|------------------------|---|-----------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Woodcrest Senior Living Community<br>One Woodcrest Circle, Scottsdale, PA 15683   |                        | <b>CURRENT LICENSE NUMBER</b><br>Adult Residential Licensing <del>431330</del> 442120 |                       |
| <b>INSPECTION DATE(S)</b> (Include all dates of the inspection)<br>April 30, 2010  |                        | <b>REGIONAL REPRESENTATIVE</b><br>D. Whitney and C. Goedert                           |                       |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION</b> (Required on FIRST PAGE only unless multiple representatives produce the plan)<br>Robert Dulla Jr., Executive Director |                        |   |                       |
| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b><br>   | <b>DATE</b><br>5-27-10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>                              | <b>DATE</b><br>6-8-10 |



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|---|--|--|--|---|
| 132b<br>A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept. | The home has not had a fire inspection within the past year. | 5-27-10  | Fire safety inspections will be completed on an annual basis. Attached is a copy of the annual inspection. (Attachment 1)                            | 6-8-10 <i>g</i>                               |

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

**Western Region**

Page 4 of 4

MAY 28 2010

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| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Woodcrest Senior Living Community<br>One Woodcrest Circle, Scottsdale, PA 15683   |  | <b>CURRENT LICENSE NUMBER</b><br>Adult Residential Licensing 442120   |  |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>April 30, 2010  |  | <b>REGIONAL REPRESENTATIVE</b><br>D. Whitney and C. Goedert   |  |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b><br>Robert Dulla Jr., Executive Director |  |   |  |
| <b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b><br>   |  | <b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b><br> |  |
| <b>DATE</b><br>5-27-10   |  | <b>DATE</b><br>6-9-10   |  |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW   |
|---|--|--|--|---|
| 187a<br>A medication record shall be kept to include the following for each resident for whom medications are administered:<br>(14) Name and initials of the staff person administering the medication. | The medication administration record did not have a key with staff signatures with initials. | 5-27-10  | A copy of the key with staff signatures & initials will be kept with each medication Record & checked monthly for compliance.                        | Steps have been taken to correct violation; full compliance is not verifiable<br>Date: 6-9-10 Initials: (DPW) |