

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NHS PENNSYLVANIA LEGAL ENTITY

To operate NHS RUSSELLTON PCH NAME OF FACILITY OR AGENCY

Located at 108 CEDARWOOD CIRCLE, RUSSELLTON, PA 15076  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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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 10 (MAXIMUM CAPACITY)  
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  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

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: 438420

*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 19 2010

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

Mr. Michael J. Breslin, Chief Operating Officer  
NHS Pennsylvania  
4391 Sturbridge Drive  
Harrisburg, Pennsylvania 17110

RE: NHS Russellton PCH  
108 Cedarwood Circle  
Russellton, Pennsylvania 15076

Dear Mr. Breslin:

As a result of the Department of Public Welfare's licensing inspection on June 25, 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

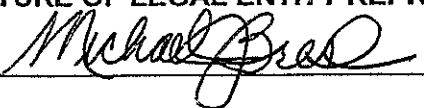
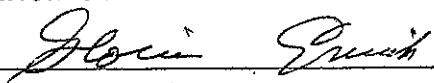
**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> NHS Russellton PCH 108 Cedarwood Circle Russellton, PA 15076		<b>CURRENT LICENSE NUMBER</b> 438420	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 25, 2010		<b>REGIONAL REPRESENTATIVE</b> John Bungo and Debora McConnell	
<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> MICHAEL J. BRESLIN - Chief Operating Officer			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Michael Breslin</i>	<b>DATE</b> 7/30/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Gloria Enoch</i>	<b>DATE</b> 8/4/10

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
65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	Staff Person A did not complete the Department's approved direct care training course or pass the related competency test.	6/28/10	The administrator informed the staff member that she needed to take the Direct Care Training Course before she would be able to work. The staff member took the course and passed the test.  The administrator will monitor all new hires and have the Direct Care Training Course placed in the New Hire Orientation.	8/4/10 BE

AUG 2 2010

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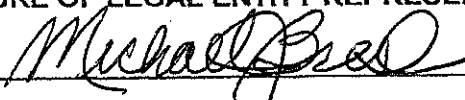
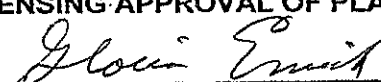
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<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention.</p>	<p>Staff Person B did not complete the following required training in the past year:</p> <ul style="list-style-type: none"> <li>• Fire Safety</li> <li>• Emergency Preparedness</li> <li>• The Older Adult Protective Services Act</li> <li>• Falls and accident prevention</li> </ul>	<p>7/28/10</p>	<p>The administrator registered the staff member in the College of Direct Support. The staff member did courses on Fire Safety, Emergency Preparedness, Protective Services, and falls. They then did a test on each of the areas.</p> <p>The administrator will monitor all staff to maintain current trainings per a spreadsheet. All staff will be registered for membership in the College of Direct Support.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>8/4/10</u> <u>GE</u></p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Michael Brad</i>	DATE 7/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernich</i>	DATE 8/4/10


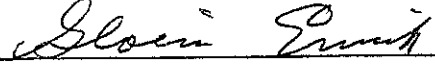
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87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	There was no lighting at the rear of the building that could be used as an egress in the event of an emergency.	6/28/10	The administrator informed the maintenance department that a light was needed on the rear of building. Maintenance installed a motion-sensitive light on the rear of the building.  The administrator will monitor that all outside lights are in working order and will maintenance replace light bulbs as needed	8/4/10 BE

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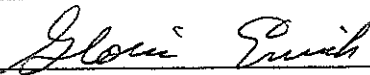
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	<ul style="list-style-type: none"> <li>• The hot water temperature in the sitting room sink was 132.9 °F.</li> <li>• The temperature in Resident #1's bathroom was 130.6 °F.</li> </ul>	6/25/10	<p>This area was addressed during the inspection. Maintenance adjusted the water heater temperature to the appropriate temperature.</p> <p>The water temperatures will be monitored weekly for a month, then biweekly for a month and then monthly. Water temperatures have been running between 115 and 118, Please see addendum.</p>	8/04/10 SE


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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	There were two large garbage cans and a garden hose box blocking the fire exit walkway of the kitchen in the home's rear.	6/25/10	This area was addressed during the inspection. Maintenance moved the 2 garbage cans off of the side walk to an area in the grass in front of the porch railing. Maintenance moved the garden hose box off the side walk to the front graveled lawn area.  The administrator will monitor that these are not moved to the sidewalk..	8/4/10 ge

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132b 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.	A fire drill was not conducted by a fire safety expert during the past year.	8/01/10	The administrator contacted the Fire Chief of West Deer Township and notified him that a fire safety Inspection and fire drill are needed.  The fire chief is coming on August 1, 2010 to provide the fire inspection, fire drill, and letter of compliance and evacuation time for the home. The administrator will call the fire chief and ask him to conduct a late spring fire drill and fire safety inspection.	Steps have been taken to correct violation; full compliance is not verifiable 8/4/10  Date Initials (DPW)	

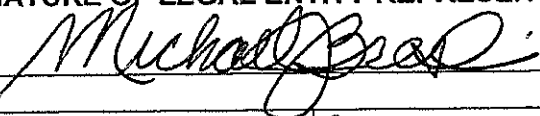
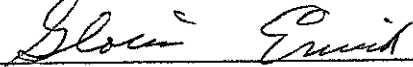
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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home does not have a letter from a fire safety expert written within the past 12 months specifying a safe evacuation time for the home. The home conducted fire drills on 6/22/10 and 6/23/10 with evacuation times exceeding 2½ minutes. The evacuation times were as follows: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac Time</th> </tr> </thead> <tbody> <tr> <td>3/15/10</td> <td>9:15p</td> <td>1min 22sec</td> </tr> <tr> <td>4/30/10</td> <td>11:25a</td> <td>1min 10sec</td> </tr> <tr> <td>5/13/10</td> <td>1:15p</td> <td>1min 43sec</td> </tr> <tr> <td>6/22/10</td> <td>5:45a</td> <td>4min 13sec</td> </tr> <tr> <td>6/23/10</td> <td>12:00a</td> <td>3min 28sec</td> </tr> <tr> <td>6/24/10</td> <td>12:00a</td> <td>1min 40sec</td> </tr> </tbody> </table>	Date	Time	Evac Time	3/15/10	9:15p	1min 22sec	4/30/10	11:25a	1min 10sec	5/13/10	1:15p	1min 43sec	6/22/10	5:45a	4min 13sec	6/23/10	12:00a	3min 28sec	6/24/10	12:00a	1min 40sec	8/01/10	Another fire drill was conducted on 7/28/10 At 12:01 am. Evacuation time was 2 minutes, 22 seconds.  Sleep-time fire drills will be conducted monthly until October 2010. Other fire drills will be conducted in July, August, September, and October at different times.  When the fire chief comes on August 1, 2010 he will determine the safe evacuation time and will document it..	Steps have been taken to correct violation; full compliance is not verifiable 8/4/10 BE Date Initials (DPW)
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6/23/10	12:00a	3min 28sec																							
6/24/10	12:00a	1min 40sec																							

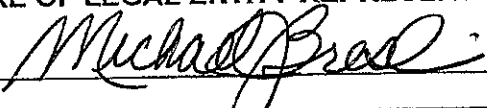
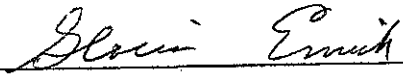


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141b-1 A resident shall have a medical evaluation at least annually.	Resident No. 4 did not have a medical evaluation completed on the Department's required form during the past year.	6/30/10	<p>The resident was transferred from another personal care home and a medical evaluation was not sent. The administrator notified the county representative and a faxed copy of medical evaluation was received by the administrator.</p> <p>The administrator will review all medical evaluations prior to admission.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>8/4/10</u> <u>BE</u> Date Initials (DPW)</p>

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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 administering the medication.	According to the Medication Administration Records (MARs) Staff Person C administered medications during June 2010. However, the employee did not sign his/her name on the back of the MAR's to correspond with the initials.  <b>Repeated Violation - 5/19/09</b>	6/30/10	The administrator spoke to the staff member and counseled her about the importance of signing the back of the medication record. The staff member then signed the back of all medication records.  A yearly medication signature sheet was developed and will be used by all for all consumers. See attached.	Steps have been taken to correct violation; full compliance is not verifiable 8/4/10 BE Date Initials (DPW)