

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DALLASTOWN OPERATING, INC.

LEGAL ENTITY

To operate VICTORIAN VILLA

NAME OF FACILITY OR AGENCY

Located at 621 EAST MAIN STREET, DALLASTOWN, PA 17313

(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 40
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 September 17, 2010 until September 17, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 320000

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

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

SEP 17 2010

Ms. Sue Boone, Administrator
Dallastown Operating, Inc.
621 East Main Street
Dallastown, Pennsylvania 17313

RE: Victorian Villa
621 East Main Street
Dallastown, Pennsylvania 17313

Dear Ms. Boone:

As a result of the Department of Public Welfare's licensing inspection on June 28, 2010 and July 29, 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 Victorian Villa 621 East Main Street, Dallastown, PA 17313		CURRENT LICENSE NUMBER 320000	
INSPECTION DATE(S) (Include all dates of the inspection) 7/29/2010		REGIONAL REPRESENTATIVE S. Chou and J. Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Sue Boone Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Sue Boone	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/9/10

	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
171b4 If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training in 65.	On 7/29/2010, activity staff A transported residents on a scenic tour. Activity staff A had not completed direct care staff person training.	8/10/10	Activity staff A completed the direct care staff training on 8/2/10. All current activity staff will complete the required direct care training. All newly hired activity staff will complete the required direct care staff training upon hire. Documentation of the training will be kept in employee file. This will be monitored by the administrator/designee and will be reviewed on a quarterly basis.	<i>CB 9/9/10</i>

AUG 13 2010

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

NAME AND ADDRESS OF PERSONAL CARE HOME Victorian Villa, 621 East Main Street, Dallastown, PA 17313		CURRENT LICENSE NUMBER 320000	
INSPECTION DATE(S) (Include all dates of the inspection) 6/28/10		REGIONAL REPRESENTATIVE Thomas Roth	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Sue Boone, Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sue Boone</i>	DATE 8/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/8/10

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 11/05/09, the home failed to submit a reportable incident to the Department's regional office after Resident #2 fell outside of the home, requiring the services of an ambulance and treatment at the local hospital.	8/16/10	<p>Resident #2 has been discharged. All reportable incidents will be submitted to the personal care home regional office within 24 hours.</p> <p>The staff will review the policies and procedures for reporting incidents to ensure compliance.</p> <p>The Personal Care Administrator/designee will submit all reportable incidents timely.</p> <p>All incidents will be reviewed and reported at the quarterly QA meeting.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/8/10 <i>[Signature]</i></p> <p>Date Initials (DPW)</p>

AUG 9 2010

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

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Victorian Villa, 621 East Main Street, Dallastown, PA 17313		320000	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
6/28/10		Thomas Roth	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Dee Byrne</i>		8/2/10	<i>Cybil Bonding</i>
			DATE
			9/8/10

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
23a A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.	On 11/05/09, the home failed to provide adequate supervision for Residents #1 and #2, who both have dementia. At dinnertime, both residents (who were wearing Wander guard bracelets), eloped from the home and walked across the main road. Staff did not respond to the door alarm when they left the building. During this time outside, both residents fell. Resident #2 was treated at the ER for a cut to the head which required stitches. Resident #1 had a black eye and a bruise on his/her head.	8/16/10	<p>Resident #1 will have adequate supervision according to the support plan. Resident #2 has been discharged.</p> <p>Staff will respond to all door alarms immediately. All residents who require the wander guard bracelet will be placed on every half hour checks.</p> <p>All staff will be inserviced regarding the safety of residents wearing the wander guard bracelet and the activities the residents require according to the assessment and the support plan.</p> <p>Audits will be completed by the Personal Care Administrator/designee to ensure residents receive adequate supervision and this will be reviewed and reported at the quarterly QA meeting.</p>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>9/8/10</i> <i>CS</i></p> <p align="center">Date Initials (DPW)</p>

Additional staffing hours will be added if necessary to provide adequate supervision of residents. 08/10/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Victorian Villa, 621 East Main Street, Dallastown, PA 17313		CURRENT LICENSE NUMBER 320000	
INSPECTION DATE(S) (Include all dates of the inspection) 6/28/10	REGIONAL REPRESENTATIVE Thomas Roth		
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>Neil Boone</i>	DATE 8/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Barmey</i>	DATE 9/8/10

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
141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner.	On 6/21/10, the home prepared a medical evaluation for resident #3 to help expedite his/her transfer from the facility. The home completed the following areas: Physician Signature (Printed); Height, Weight, Blood Pressure, Temperature, Pulse Rate; Medical History; Diagnoses; Communicable Disease; Immunizations; Allergies; Emergency Evacuation – Mobility Needs; Medication Administration; Recommendation for Appropriate Level of Care; and Physician Orders. These areas of the evaluation must be completed by the physician.	8/16/10	Resident #3 has been discharged. All medical evaluations will be completed by the physician, PA, or Nurse Practitioner. All medical evaluations will be entirely completed. If the evaluation is not completely filled out it will be faxed back to the physician for completion. All faxes will be attached to the medical evaluation to show the appropriate responses. Staff will be inserviced on the policies and procedures regarding the completion of the medical evaluations.	Steps have been taken to correct violation; full compliance is not verifiable 9/8/10 Date Initials (DPW)

All medical evaluations will be audited by the Personal Care Administrator/designee for completion and will be reported at the quarterly QA meeting.