

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERAN SOCIAL SERVICES OF SOUTH CENTRAL PENNSYLVANIA

LEGAL ENTITY

To operate THE VILLAGE AT KELLY DRIVE

NAME OF FACILITY OR AGENCY

Located at 750 KELLY DRIVE, YORK, PA 17404

(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 85  
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 July 22, 2010 until July 22, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **350640**

*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

JUL 23 2010

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

Mr. Robert Rundle, President/CEO  
Lutheran Social Services of South Central Pennsylvania  
1050 Pennsylvania Avenue  
York, Pennsylvania 17404

RE: The Village at Kelly Drive  
750 Kelly Drive  
York, Pennsylvania 17404

Dear Mr. Rundle:

As a result of the Department of Public Welfare's licensing inspection on June 29, 2010 and June 30, 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.

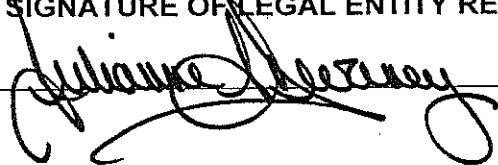
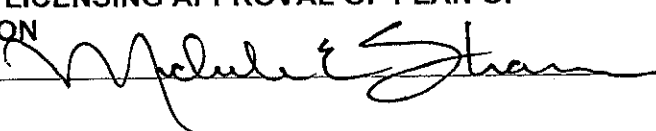
Sincerely,

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

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

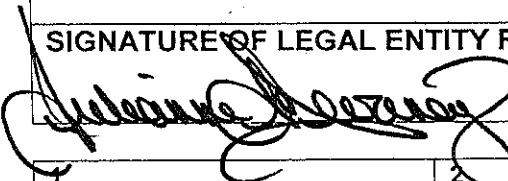
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Village at Kelly Drive, 750 Kelly Drive, York, PA 17404		<b>CURRENT LICENSE NUMBER</b> 350640		
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 6/29/10 and 6/30/10		<b>REGIONAL REPRESENTATIVE</b> Lori Gensil, Tom Roth, Becky Riel		
<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> Lutheran Social Services				
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 		<b>DATE</b> 7/14/2010	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 7/19/10

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
22a3, 225a 22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.  AND  225a A resident shall have a written initial assessment that is documented on the Department's assessment form	Resident #1's, admission date 12/29/09, initial assessment dated 12/29/09 was incomplete. Page five in the assessment was not completed.	6/29/10  8/16/10 hired S.W.  HSN Trained 6/29/10 SW will be trained upon hire 9/16/10 by	• Resident #1 Assessment was corrected at time of inspection - copy attached • Community has hired Social Worker and will be conducting care conferences with Residents + family upon admission annually or upon sig. change. These meetings will include prep, completion + signing of assessments by all parties to ensure proper completion. Social Worker + Health Services Manager trained in proper completion dates as required by regulations cited.	Steps have been taken to correct violation; full compliance is not verifiable Date 7/19/10 Initials (DPW) [Signature]

JUL 16 2010

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within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.				

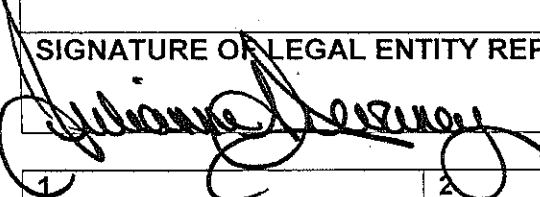
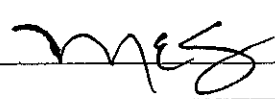
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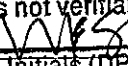
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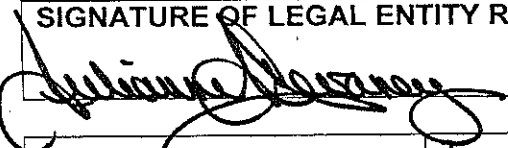
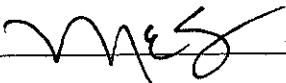
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	<ul style="list-style-type: none"> <li>• On 6/25/10 during the 2:30P-10:30P shift there was only one staff member trained in first aid and certified in CPR. The home's census was 79, which requires two staff members present in the home who are trained in first aid and CPR during all shifts.</li> <li>• On 6/27/10 during the 10:30P-6:30A shift only one staff member was present in the home that was trained in first aid and CPR. The census was 79.</li> </ul>	7/22/2010	<ul style="list-style-type: none"> <li>• On 7/22/2010 we conducted training CPR-First Aid and two 2nd shift staff, one first shift and one 11-7 direct care worker completed training.</li> <li>• All other direct care staff will be trained on the following dates 7/15/2010 &amp; 7/22/2010</li> <li>• Human Resource Secretary and the Heartsaver Instructor at the home will monitor staff expiration dates + recertification monthly. Also ensure that paper cards are rec'd. indicating correct skills taught (ie CPR Adult + First Aid)</li> </ul>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">                         Steps have been taken to correct violation; full compliance is not verifiable                          Date: 7/19/10                          Initials: (DPW)                     </div>

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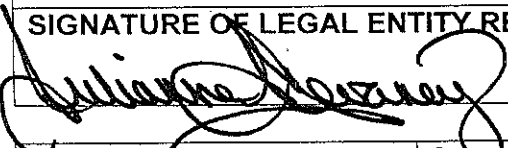
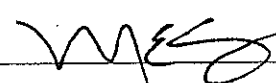
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85a Sanitary conditions shall be maintained.	There was old food debris under and around the meat slicer located by the outside exit door in the kitchen.	6/29/2010	<ul style="list-style-type: none"> <li>• Floor care is assigned to two dining personnel - see attached job duty assignments.</li> <li>• All staff to recv. in service training on slicer area / chemical used to clean including shelf + floor cleaning on 7/16/10 - cleaning to happen after slicer use.</li> <li>• Closing Managers will ensure that floor care has been completed by staff as assigned in duty assignments attached.</li> </ul>	Steps have been taken to correct violation; full compliance is not verifiabl 7/19/10  Date Initials (DPW)

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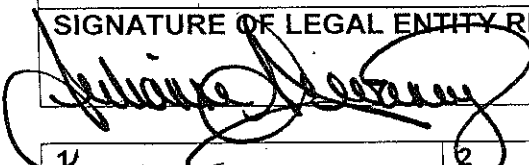
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141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #2's, admission date 12/28/09, initial medical evaluation dated 12/09 was not completed on the department's required form.	6/29/2010  7/14/2010  6/29/2010	<ul style="list-style-type: none"> <li>Resident #2 Med Eval was requested + rec'd. on the required form. - attached</li> <li>Med Eval forms will be reviewed upon completion by the Health Services Manager or designee to ensure compliance with DPW Regulations + proper use of form.</li> <li>Health Services Manager re-trained on proper DPW required form.</li> </ul>	MEG 7/19/10

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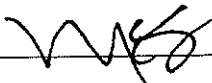
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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable.	Four vials of Promethazine 25mg/ml injection were stored in the medication cart for resident #3, but were not listed on the medication administration record.	6/29/2010	• The order for Promethazine was immediately placed on the MAR at the time of inspection - attached • Nurse from the CRX Pharmacy will continue to audit the medication carts quarterly for expired and compliance. • The staff person who failed to complete this new order documentation re-trained.	Steps have been taken to correct violation. Full compliance is not verifiable. Date: 7/19/10 Initials: (DPW)

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(11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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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.	<ul style="list-style-type: none"> <li>Resident #4's, admission date 9/10/09, support plan dated 9/24/09 does not address the resident's current need for hospice services.</li> <li>Resident #5 utilizes an enabler bar attached to his/her bed. The need for the enabler bar is not addressed in the resident's 1/15/10 support plan.</li> <li>Resident #6 has a prosthetic leg. This is not noted in the resident's 2/19/10 support plan.</li> </ul>	<p>6/29/2010</p> <p>8/16/hired 2010</p>	<p>Resident 4, 5+6 Support Plans were updated at the time of inspection - attached</p> <p>Community has hired a Social Worker and will be conducting care conferences with Residents + family upon admission, annually or upon sig. change. These meetings will ensure individual needs being discussed + documented on the support plan + signed by all parties at that time.</p>	

Steps have been taken to correct violation; full compliance is not verifiable

Date 7/19/10 Initials DPW