





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. John P. Rijos, Co-President  
ARC Brandywine, LP  
111 Westwood Place, Suite 200  
Brentwood, Tennessee 37027

RE: The Gardens at Freedom Village  
30 Freedom Boulevard  
West Brandywine, Pennsylvania 19320

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on 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.


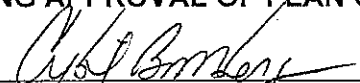
Sincerely,

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

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

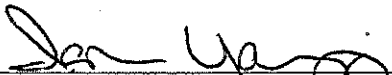

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Gardens at Freedom Village, 30 Freedom Boulevard, West Brandywine, PA 19320		126000	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
6/30/10		Thomas Roth, Thomas Shopay	
<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>			
Ian Yannuzzi - Operations Manager			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>		<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>
		7/23/10	
		<b>DATE</b>	
		8/5/10	

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
<p>22a4, 227a</p> <p>22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.</p> <p>227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.</p>	<p>The home did not produce an initial support plan for resident #1, admitted on 1/06/10.</p> <p>Repeated Violation – 6/16/09 et al.</p>	<p>Ongoing</p>	<p>Resident#1 has an appropriate support plan in place.</p> <p>An audit was conducted of all recent admissions (within 30 days) to verify that there was a support plan completed within the regulatory time frame.</p> <p>A tracking tool has been initiated to assist in maintaining compliance.</p> <p>The RN Case Manager, Resident Care Coordinator or a designee will utilize this tool to ensure completion and verification of support plans and timely adherence to the regulation. Care conferences are scheduled and being held as appropriate to review the support plans with residents and families.</p> <p>Ongoing compliance will be monitored during family care conferences, Quality Management Meetings, and routine chart audits by the Operations Manager, RN Case Manager, Resident Care Coordinator or a designee.</p>	<p>8/5/10 CB</p>



JUL 27 2010

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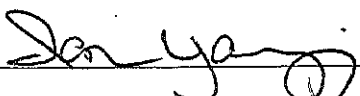
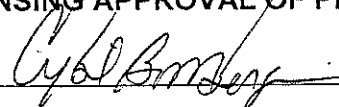
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25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<ul style="list-style-type: none"> <li>The contract of resident #2, admitted in January of 2010, was not signed by the resident.</li> <li>The contract of resident #3, admitted on 2/15/10 was not signed by the resident.</li> </ul>	Immediate and ongoing	<p>The contracts of Residents #2 and #3 have been signed by the appropriate parties.</p> <p>An audit was completed of all resident contracts to verify that proper signatures were in place and all records are up to date.</p> <p>Appropriate staff including the Sales and Marketing Manager have been reminded on how to properly sign the admission agreement.</p> <p>The Operations Manager or a designee will review each contract after move in to verify that the signatures are in place. Additionally, we will conduct routine audits to monitor contracts for compliance.</p> <p>The Operations Manager, Sales and Marketing Manager or a designee will be responsible to monitor for ongoing compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/5/10 Date Initials (DPW)</p>

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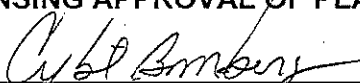
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54a Direct care staff persons shall have the following qualifications:  (1) Be 18 years of age or older (exception – 54b). (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction that would limit the staff person from providing necessary personal care services with reasonable skill and safety	Staff person, A., hired on 12/28/09, earned a non-USA diploma and was not on the active Pennsylvania nurse aide registry.	Immediate-8/20/2010 and Ongoing	Staff member "A" was immediately removed from the direct care schedule and a waiver was completed and mailed to Adult Residential Licensing.  Personnel records will be audited by 8/20/2010 to verify that all current staff has the proper qualifications.  Appropriate staff has reviewed this regulation and has an understanding of the requirements. The terminology "U.S. high school diploma" has been added to the new hire checklist.  Ongoing compliance will be monitored through utilization of this checklist, ongoing audits and training as needed.  The Operations Manager, HR coordinator, or a designee will be responsible for ongoing compliance.	8/5/10 CB

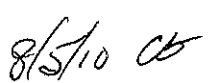
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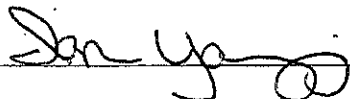
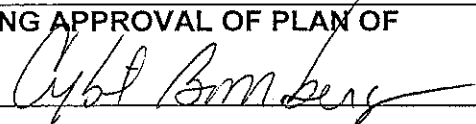
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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents	The 30-gallon gray trash container located in the serving kitchen was not equipped with a lid.	Immediate and Ongoing	<p>All trash cans in the kitchen have been covered.</p> <p>This regulation has been reviewed with appropriate staff; and will be monitored during routine building rounds and as part of the discussion at Quality Management Meetings.</p> <p>The Operations Manager, Dining Service Manager, or a designee will be responsible for ongoing compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/5/10    CB</p> <p>Date                      Initials (DPW)</p>

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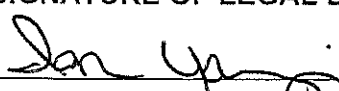
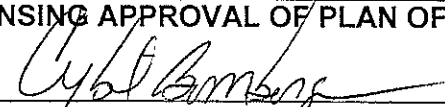
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The list of phone numbers posted on the telephones does not include the number of the nearest hospital.	Immediately and Ongoing	<p>Emergency numbers have been updated and reposted to include the number of the nearest hospital.</p> <p>A review was conducted of all phones within the community to verify that all are compliant.</p> <p>The Resident Care Coordinator, Maintenance Representative, or a designee will be responsible for tagging all new phones during the move in process. This regulation has been reviewed with appropriate staff and will be monitored by the Operations Manager, Resident Care Coordinator, or a designee during routine building rounds and routine observations while providing assistance in resident rooms.</p> <p>The Operations Manager or a designee will be responsible for ongoing compliance</p>	8/5/10 


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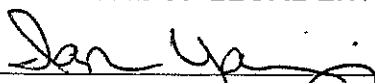
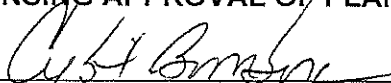
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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	A bag of hash browns in the walk-in freezer, and a bag of chicken breasts in the walk-in cooler were not in their original containers and the bags they were in were not labeled or dated.	Immediate and Ongoing	<p>These items were removed immediately.</p> <p>All food storage areas were checked to verify proper labeling and dating of food items and are in compliance.</p> <p>Food storage, labeling, and proper refrigeration were reviewed with appropriate staff.</p> <p>The Operations Manager, Dining Service Manager, or designee will be responsible to make rounds of the kitchen and kitchenettes on a routine basis to verify compliance with food safety and this regulation. Ongoing training will be provided as needed.</p> <p>The Operations Director, Dining Service Manager or a designee will be responsible for monitoring compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/5/10 Date Initials (DPW)</p>

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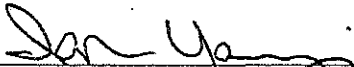

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141a-2 The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	<ul style="list-style-type: none"> <li>The medical evaluation of 1/11/10, for resident #2 lists the medications as "See orders", but no orders or list is attached to the form.</li> <li>The medication list attached to the medication evaluation of 4/05/10, for resident #4, is dated 3/03/10, and is not current with the evaluation.</li> </ul>	<del> </del> Moving forward and ongoing	For resident number two and four: all medications were clarified and the medical evaluations updated.  An audit of resident records has been conducted to verify that the medical evaluations and medication lists are correct, up to date, and as applicable are attached to the evaluation.  Appropriate staff received reminders and training on completing a thorough review of the medical evaluation and maintaining accuracy of the medication list; including attachment to the medical evaluation if the list is separate.  The RN Case Manager or a designee will review each medical evaluation for completeness and medication accuracy at move in and with each new evaluation. Ongoing monitoring and review will occur during Quality Management meetings, review at move in, annually or with a change in condition, and during routine chart audits. Additional training will be provided as necessary. The Operations Manager, RN Case Manager or a designee will be responsible for ongoing compliance.	Steps have been taken to correct violation; full compliance is not verifiable 8/5/10  Date Initials (DPW)


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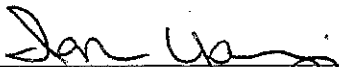

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143a The home shall have a written emergency medical plan that includes the following:  (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The home did not have a written emergency medical plan.	Immediate and ongoing	A written Emergency Medical Plan has been developed and implemented since the time of this survey.  The Emergency Medical Plan will be kept at the receptionist desk and at the (3) nurses station. The updated plan will be reviewed with appropriate staff by 7/31/10.  The Emergency Medical Plan will be reviewed at Quality Management Reviews and as needed.  The Operations Manager or a designee will be responsible for ongoing compliance.	8/5/10 CB


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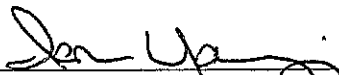
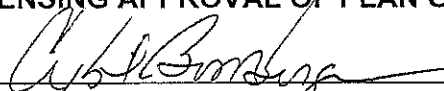
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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the white van did not contain a thermometer.	Immediately and 7/31/10 and ongoing	<div style="border: 1px solid black; padding: 5px;"> <p>Missing items have been added to the kit.</p> <p>Other first aid kits have been checked to verify all of the correct items are in place.</p> <p>Moving forward, the kits will be secured with a plastic tie to ensure all required items remain in the kit and to alert staff when it has been opened or used. A list of the required items will be posted on each kit.</p> <p>The Operations Manager, Resident Care Coordinator, or a designee will monitor the first aid kits routinely to verify all items are in place or replaced if removed. This will also be reviewed as part of the monthly safety committee meeting.</p> <p>The Operations Manager, RN Case Manager or a designee will be responsible for ongoing compliance.</p> </div>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/5/10 </p> <p>Date Initials (DPW)</p>

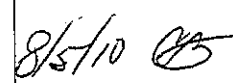
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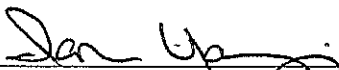

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181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	There was a bottle of Aspirin 325 mg on the bedside table of resident #5, who has been assessed as not being able to self-administer his/her own medications.	Immediate and ongoing	<p>The medication was immediately removed from this apartment.</p> <p>Education and reminders will be provided to residents and families at the time of move in and in regularly scheduled care conferences to ensure they have an awareness of our responsibilities as a licensed Personal Care Home. Appropriate staff also reviewed the regulation to assist in monitoring the apartments for compliance.</p> <p>The RN Case Manager, Resident Care Coordinator, Med Techs, Resident Care Associates, Housekeeping and other designees will monitor for compliance as they are assisting in resident apartments, providing care, cleaning and during building rounds. If medications are found they will be removed from the apartment, the resident and POA (as applicable) will be notified and we will assist in obtaining an MD order as appropriate.</p> <p>The Operations Manager, RN Case manager or a designee will be responsible for ongoing compliance.</p>	8/5/10 

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
The Gardens at Freedom Village, 30 Freedom Boulevard, West Brandywine, PA 19320		126000	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
6/30/10		Thomas Roth, Thomas Shopay	
<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>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>		<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>
		7/23/10	
<b>DATE</b>			
8/5/10			

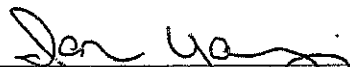
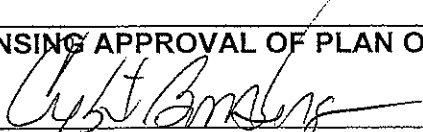
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The medication Alendronate Sodium tablets 70.mg. prescribed for resident #6, did not contain a prescription label.	Immediate/7/29/10/ and Ongoing	<p>This medication is properly labeled at this time.</p> <p>The medication carts have been audited to verify that all medications are properly labeled</p> <p>This regulation will be reviewed on 7/29/10 with staff who assist with medication administration. Resident Care Coordinator or a designee will audit medication carts weekly using an audit tool to maintain compliance.</p> <p>The Operations Manager, RN Case Manager or a designee will be responsible for ongoing compliance.</p>	8/5/10 

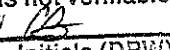
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187a A medication record shall be kept to include the following for each resident for whom medications are administered:	On June 29, 2010, staff person B did not sign the staff signature key on the MAR for each resident that had been administered medication.	7/29/10 and ongoing	<p>Staff person B has signed the staff signature key on the MAR for each resident that had been administered medication.</p> <p>MARs were audited to verify that all staff signatures are in place.</p> <p>On 7/29/10 the nurses/medication technicians will be re-trained on our policy and process for Administering Medications and Medication Administration Record (MAR) audits. This will include ensuring the signature key for each MAR is signed.</p> <p>The RN Case Manager, Resident Care Coordinator or a designee will review the MAR's twice monthly to verify the staff signature key has been signed.</p> <p>The Operations Manager, RN Case Manager or a designee will be responsible for ongoing compliance.</p>	8/15/10 CB

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

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			<b>DATE</b>
			8/5/10

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The assessment of 6/24/10 for resident #4 lists the resident as mobile, but the resident's support plan of 6/24/10 says that he/she requires assistance to evacuate due to dementia.	Immediate and Ongoing	<p>Corrections were made to the Personal Care Home Assessment for resident #4.</p> <p>An audit was completed of the PCH Assessments for other residents to verify accuracy. Updates were made as needed. Additional instruction on completion of the PCH Assessments has been provided as needed.</p> <p>Thorough completion and accuracy of the PCH Assessments will be monitored during routine completion every 6 months or at change of condition and reviewed as part of our family care conferences. Updates will be made at this time and as needed. Random chart audits will be completed by the RN Case Manager, Resident care Coordinator or a designee to maintain compliance. Further monitoring and reviewing will occur during Quality Management Meetings.</p> <p>The Operations Manager, RN Case Manager or a designee will monitor for ongoing compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/5/10 </p> <p>Date Initials (DPW)</p>

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REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The support plan of 4/08/10, for resident #7, does not address the residents many falls in the home (six falls prior to 4/08/10; four falls since that date).	<u>Immediate-7/29/10</u> and Ongoing	The Support Plan for Resident #7 has since been updated.  Other residents were reviewed for potential risk for falls and these Support Plans were updated as needed. An audit was completed of the Support Plans for other residents to verify accuracy of detail overall. Updates were made as needed. Additional instruction on completion of the Support Plans has been provided as needed. Thorough completion and accuracy of the Support Plans will be monitored during routine completion every 6 months or at change of condition and reviewed as part of our family care conferences. Updates will be made at this time and as needed. Random chart audits will be completed by the RN Case Manager, Resident care Coordinator or a designee to maintain compliance. Further monitoring and reviewing will occur during Quality Management Meetings. The Operations Manager, RN Case Manager or a designee will be responsible for ongoing compliance.	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> 8/5/10 Date Initials (DPW)