

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **FOULKEWAYS AT GWYNEDD**

LEGAL ENTITY

To operate **FOULKEWAYS AT GWYNEDD**

NAME OF FACILITY OR AGENCY

Located at **1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436**

(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 **82**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 15**

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 **October 2, 2010** until **October 2, 2011**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127740**

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

SEP 29 2010

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

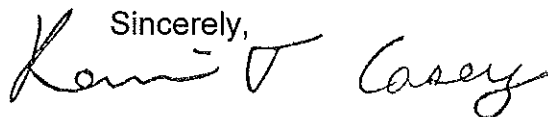
Ms. Mary Knapp, Director of Health Services
Foulkeways at Gwynedd
1120 Meeting House Road
Gwynedd Pennsylvania 19436

Dear Ms. Knapp:

As a result of the Department of Public Welfare's licensing inspection on July 7, 2010 and July 8, 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,


Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

1B

NAME AND ADDRESS OF PERSONAL CARE HOME Foukeways at Gwynedd 1120 Meeting House Road, Gwynedd 19436	CURRENT LICENSE NUMBER 127740
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INSPECTION DATE(S) (include all dates of the inspection) July 7-8, 2010	REGIONAL REPRESENTATIVE Metzger, Stone
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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 CEO	DATE 9/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/22/10
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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
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.	The home implemented a rent increase effective 1/1/2010. Addenda to contracts reflecting this rent increase had not been signed by residents # 1, 2, and 3.	9.30.2010	The Financial Power of Attorney, representing each resident signed the rent increase Addenda, for the resident. The Rent increase is reviewed with each resident. The resident is provided the opportunity to sign. If the Resident refuses to sign the rate increase Addenda, then the Financial power of Attorney will sign. Will indicate residents refusal on the rate Increase addenda. Administrator	Steps have been taken to correct violation; full compliance is not verifiable 9/22/10 Date Initials (DPW)

will oversee this process.
 9/22/10 ^{cm}

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Foulkeways at Gwynedd 1120 Meeting House Road, Gwynedd 19436		CURRENT LICENSE NUMBER 127740	
INSPECTION DATE(S) (Include all dates of the inspection) July 7-8, 2010		REGIONAL REPRESENTATIVE Metzger, Stone	
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>[Signature]</i> CEO		DATE 9/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 9/22/10

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
25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).	Contracts for residents # 1, 2, 3, 4, 5, 6, and 7 did not include the home's policy regarding resident rent rebates.	9-30-2010	The contracts will be amended to include the rent rebate policy for residents admitted before May 2009. The residents will be provided the opportunity to sign. If the resident refuses to sign, the Power of Attorney will be provided the opportunity to sign. The contract for All New admissions has been updated to reflect that Foulkeways at Gwynedd does not require any portion of the Rent Rebate.	9/22/10 <i>CRM</i>

The Administrator will review All Contracts to ensure they are completed properly.
CRM
9/22/10

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Foulkeways at Gwynedd 1120 Meeting House Road, Gwynedd 19436	CURRENT LICENSE NUMBER 127740
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INSPECTION DATE(S) (Include all dates of the inspection) July 7-8, 2010	REGIONAL REPRESENTATIVE Metzger, Stone
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53a 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.	The home's staffing schedule was reviewed for the period from 6/27/2010 to 7/6/2010. The home's census during that period of time required that at least 2 staff persons trained in first aid and certified in CPR be present in the home at all times. During the third shift on 6/27/2010 only 1 staff person who met these requirements was present in the home.	9-13-2010	The scheduler has been counseled to always schedule two staff who have been trained in First Aid and Certified in CPR. The schedule is then re-checked by the Nursing Supervisor.	9/22/10 CMW

FROM
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PAGE 04/07

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

4b

NAME AND ADDRESS OF PERSONAL CARE HOME Fouikeways at Gwynedd 1120 Meeting House Road, Gwynedd 19436		CURRENT LICENSE NUMBER 127740
INSPECTION DATE(S) (Include all dates of the inspection) July 7-8, 2010	REGIONAL REPRESENTATIVE Metzger, Stone	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i> CEO	DATE 9/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 9/22/10

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
183b Prescription medications; OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	According to resident # 4's assessment, the resident is unable to self administer medications. During this inspection a number of prescription medications, over the counter medications (OTC), and complimentary and alternative medications (CAM) were observed unlocked in the resident's apartment. Repeated Violation-6/24/09, et al	9-20-2010	The resident has been re-assessed by the Nurse Practitioner and the Physician. The Resident at this Time does not wish to have the apartment locked. The CAM has been removed with the permission of the resident. Staff will check resident rooms for unlocked medications daily during rounds. Any medications found will be removed immediately. <i>[Signature]</i> 9/22/10	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW)

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

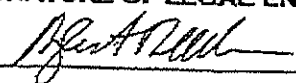

NAME AND ADDRESS OF PERSONAL CARE HOME Foulkeways at Gwynedd 1120 Meefing House Road, Gwynedd 19436		CURRENT LICENSE NUMBER 127740	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Deane L Fox</i>	DATE <i>9/22/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>9/22/10</i>

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 DFW (Initials (DFW))
231f In addition to the requirements in 225, the resident shall also be assessed annually for the continuing need for the secured dementia care unit.	Resident # 3 has been living in the home's secure dementia care unit since 4/10/2009. The home had not assessed annually the resident's continuing need to be in this unit.	<i>8/16/2010</i>	<i>THE RESIDENT HAS BEEN ASSESSED TWICE A WEEK BY NURSING, SOCIAL SERVICES, ACTIVITIES, MANAGEMENT AND THE NURSE PRACTITIONER REGARDING [REDACTED] NEED TO REMAIN IN THE SECURE DEMENTIA UNIT. IT WILL BE DOCUMENTED ON [REDACTED] SUPPORT PLAN. ALL RESIDENTS IN THE SECURE DEMENTIA UNIT UNDERGO THE SAME ASSESSMENTS. SUPPORT PLANS WILL BE UPDATED.</i>	<p>Steps have been taken correct violation; full compliance is not verified</p> <p><i>[Signature]</i> Initials (DFW) <i>[Signature]</i> Date</p> <p><i>see page 5b</i></p>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Fourkeways at Gwynedd 1120 Meeting House Road, Gwynedd 19436		CURRENT LICENSE NUMBER 127740
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231f In addition to the requirements in 225, the resident shall also be assessed annually for the continuing need for the secured dementia care unit.	Resident # 3 has been living in the home's secure dementia care unit since 4/10/2009. The home had not assessed annually the resident's continuing need to be in this unit.	9-21-2010	The Resident has been assessed and is appropriate to remain in Owen Court. With the assistance of the DPW-Personal Care staff, the correct documentation will be added to the Personal Care Home Assessment page 1, to the Stage of Dementia and Observation Section.	

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