

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SACRED HEART ASSISTED LIVING, LLC

LEGAL ENTITY

To operate SACRED HEART ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 602 EAST 21ST STREET, NORTHAMPTON, PA 18067

(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 124
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 27, 2010 until September 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 201360

Robert E. Robinson

ISSUING OFFICER

Kevin J. 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

Mr. James Kusko, President
Sacred Heart Assisted Living, LLC
3910 Adler Place, Suite 100
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Assisted Living
602 East 21st Street
Northampton, Pennsylvania 18067

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on July 12, 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.


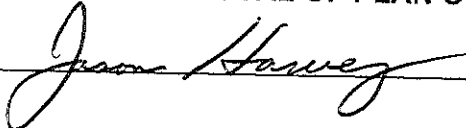
Sincerely,

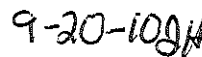
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary


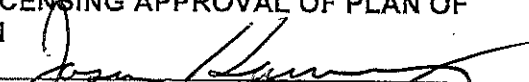
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Sacred Heart Assisted Living, 602 East 21 st Street, Northampton, Pennsylvania 18067		CURRENT LICENSE NUMBER 201360
INSPECTION DATE(S) (Include all dates of the inspection) July 12, 2010	REGIONAL REPRESENTATIVE Michele Moskalczyk, Leslie Patton, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>James Kusko, President + Northampton Personal Care Inc, General Partner Northampton Personal Care Assoc LP, Member, Sacred Heart Assisted Living, LLC</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 8/12/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 9-20-10

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
85a Sanitary conditions shall be maintained.	Dining room café sandwich cart had a folded gallon size Ziploc bag with peanut butter and jelly in the folded section of the bag. Peanut butter and jelly was not inside the bag.	Correction made At time of Inspection 7-12-2010	<p>Plan of Correction: Investigated incident: Dietary aid placed Ziploc Bag inside drawer of deli cart to protect drawer. Knife was put down between making sandwiches onto plastic baggie, rather than placing knife on top of deli cart. Aide removed knife, but forgot the Ziploc bag.</p> <p>Daily cleaning routine involves cleaning of deli cart, checking and wiping down all drawers. Dietary Supervisor will follow thru with cleaning routine after each meal to ensure that all areas have been thoroughly sanitized.</p>	9-20-10 
<p>RECEIVED</p> <p>AUG 16 2010</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p>				

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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	Home had one large dumpster with two lids. The lids were up in the open position, exposing the trash inside.	Corrected by End Of Inspection 7-12-2010	Plan of Correction: 4-yard capacity Recycle trash bin is shared with Medical Office located on the same campus. Large cardboard boxes were not broken down, resulting in bin lid not closed completely. Immediate correction: Cut up cardboard boxes and discarded into bin. Lid closed completely. Call placed to Trash Company on 7-12-2010 to increase size of recycle bin to 8-yard Capacity to eliminate this issue from reoccurring. This trash receptacle is used solely for recycled products only.	9-20-10

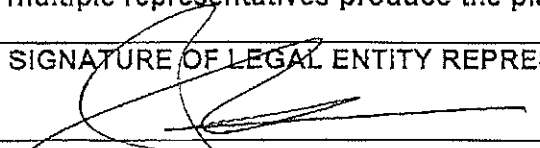
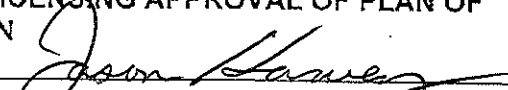
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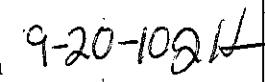
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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

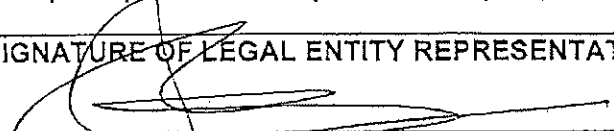
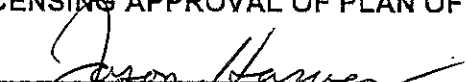
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103i Outdated or spoiled food or dented cans may not be used.	Two quarts of Rosenberger's half and half, which were found in the kitchen, had an expiration date of 6/21/10.	Correction made At time of Inspection 7-12-2010	<p>Plan of Correction: Half & Half Creamer was disposed of immediately. Chef routinely checks all expiration dates prior to using any product. Chef maintains careful and consistent checking of food products on a daily basis.</p> <p>Chef instructed all dietary aides to check for expiration dates on all food items prior to use as a routine. Dietary aide #1 will check expirations prior to start of first meal.</p>	9-20-10 

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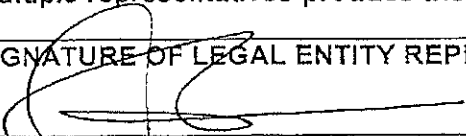

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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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.	The Medical Evaluation, dated 4/28/10, for resident #3 states "See Attached"; however Physician's signature and date are missing on the attached medication sheets.	Correction of MA55 For Resident #3 To be completed on August 20, 2010 9:45AM	Plan of Correction: Recent hospitalization of Resident #3. Post hospital follow-up appointment for MA55 update scheduled for August 20, 2010 at 9:45AM.	Steps have been taken to correct violation; full compliance is not verifiable <u>9-20-10</u> Date Initials (DPW) <u>JK</u>
	The Medical Evaluation, dated 3/1/10, for resident #4 does not include the Physician's signature and date on the attached medication sheet.	Correction of MA55 For Resident #4 To be completed on August 16, 2010 2:30PM	Plan of Correction: Appointment made on August 16 th , 2010 at 2:30PM with Dr. [REDACTED] to update MA55 which will include review of medications by physician.	Future MA55 forms will include written medications listed directly on MA55 form. If separate medication list accompanies the MA55, list will be reviewed for physician signature and date by Admissions Director and secondly by Administrator. Date on medication list to be the same as MA 55.

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Resident #2 refused Pataday .2% eye drops on 6/24/10 and 6/25/10 at 8:00am. The physician was not notified of the medication refusals.	Medication Refusal Procedures were reviewed with Staff on 7-13-2010.	Medication Aides were counseled by Director of Wellness on Medication Refusal procedures. All Medication Aides understand and will comply with policy to avoid this violation from reoccurring. Medication Trainer will review refusal procedures with Med Aides during their quarterly medication pass observation.	Steps have been taken to correct violation; full compliance is not verifiable 9-20-10-84 Date Initials (DPW)

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