

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HATFIELD MENNONITE HOMES, INC.

LEGAL ENTITY

To operate DOCK MEADOWS

NAME OF FACILITY OR AGENCY

Located at 2343 BETHLEHEM PIKE, HATFIELD, PA 19440

(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 80
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: **126780**

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 17 2010

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

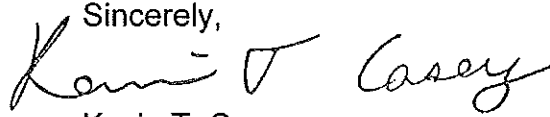
Mr. Brent E. Nafziger, Executive Director
Hatfield Mennonite Homes, Inc.
Dock Meadows
2343 Bethlehem Pike
Hatfield, Pennsylvania 19440

Dear Mr. Nafziger:

As a result of the Department of Public Welfare's licensing inspection on July 13, 2010 and July 14, 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.


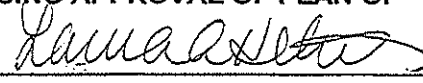
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing 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

NAME AND ADDRESS OF PERSONAL CARE HOME Dock Meadows 2343 Bethlehem Pike, Hatfield, PA 19440		CURRENT LICENSE NUMBER 126780	
INSPECTION DATES July 14, 2010 and July 15, 2010		REGIONAL REPRESENTATIVES Paul Metzger and Sanford 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 	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/29/10

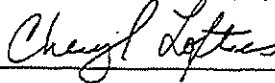
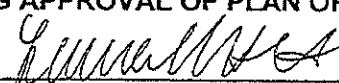
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	The following doors within the home were equipped with key-locking devices: <ul style="list-style-type: none"> • 2 fire doors on either side of the private dining room on the ground floor. • Door to stairway next to reception desk at second floor main entrance. 	8/4/10	Vendor replaced the door's key-locking devices with blank plates. See Attachment #1 <i>The doors will be unlocked + unobstructed at all times.</i> LWL 8/29/10	9/9/10 UAA

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cheryl Lottus</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>K. M. [Signature]</i>	DATE 9/9/10


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
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home lacked documentation of an annual fire safety inspection by a fire safety expert.	<i>within 2-3 wks. Will contact with definite date.</i> 8/30/10 2/11/10 9/21/10 9/31/10	Bucks County Fire Marshall's Office has been working with me to set up a date for our annual fire safety inspection. They needed to confirm with Hilltown Township that they do not have anyone to conduct such an inspection. Hilltown Township, in the person of [redacted] confirmed. [redacted] from Fire Marshall's Office is working on date now. See attached email. 22 An inspection was conducted by a fire safety expert on 9/31/10. The administrator will ensure a fire drill and inspection is conducted annually by a fire safety expert. <i>USA 9/9/10</i>	9/9/10 <i>USA</i>

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	Fire drill records indicate that residents do not evacuate the entire building but to internal fire-safe areas. The home did not have written documentation within the past year by a fire safety authority designating fire safe areas and a period of time residents must evacuate to these areas. The home's evacuation times are as follows: <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time of day</th> <th>Evacuation Time</th> </tr> </thead> <tbody> <tr> <td>07/24/09</td> <td>9:42 AM</td> <td>3:51</td> </tr> <tr> <td>08/26/09</td> <td>4:19 PM</td> <td>4:17</td> </tr> <tr> <td>09/10/09</td> <td>5:30 AM</td> <td>4:47</td> </tr> <tr> <td>10/08/09</td> <td>2:17 PM</td> <td>4:31</td> </tr> <tr> <td>11/17/09</td> <td>1:07 PM</td> <td>4:26</td> </tr> <tr> <td>12/23/09</td> <td>4:07 PM</td> <td>5:09</td> </tr> </tbody> </table>	Date	Time of day	Evacuation Time	07/24/09	9:42 AM	3:51	08/26/09	4:19 PM	4:17	09/10/09	5:30 AM	4:47	10/08/09	2:17 PM	4:31	11/17/09	1:07 PM	4:26	12/23/09	4:07 PM	5:09	Completed within 2-3 wks 8/30/10 VFF 7/29/10	See page 2. We are setting up a schedule with Bucks County Fire Marshall's Office to have annual inspection for this year. This should happen within 2-3 weeks and going forward they will conduct annual inspections each year thereafter designating fire safe areas and a period of time residents must evacuate to these areas. The home will evacuate all residents to a public thoroughfare or internal fire safe areas within 8 minutes + 13 seconds as specified in fire Marshal [redacted] 8/31/10 letter. VFF 9/9/10	9/9/10 VFF
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">01/27/10</td> <td style="width: 15%;">9:50 AM</td> <td style="width: 15%;">4:32</td> </tr> <tr> <td>02/24/10</td> <td>2:49 PM</td> <td>3:18</td> </tr> <tr> <td>03/10/10</td> <td>11:03 PM</td> <td>5:50</td> </tr> <tr> <td>04/27/10</td> <td>11:14 AM</td> <td>3:23</td> </tr> <tr> <td>05/20/10</td> <td>5:59 PM</td> <td>3:24</td> </tr> <tr> <td>06/28/10</td> <td>9:39 AM</td> <td>4:14</td> </tr> </table>	01/27/10	9:50 AM	4:32	02/24/10	2:49 PM	3:18	03/10/10	11:03 PM	5:50	04/27/10	11:14 AM	3:23	05/20/10	5:59 PM	3:24	06/28/10	9:39 AM	4:14			
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Cheryl Loftis</i>	DATE 8/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ramona N. [Signature]</i>	DATE 8/16/10

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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	<ul style="list-style-type: none"> Direct care staff member A administers medication, but documentation of direct care staff member A's completion of the medication administration course was undated. The home could not provide documentation of the certificate of the medication administration trainers who initially instructed staff B on 06/18/2008 and staff C on 12/20/2007 in the Department's approved medication administration course. 	Correction made on 7/16/10 Staff B - 7/15/10 Staff C - 7/22/10	The trainer added the missing documentation to Staff Member A's form. Effective immediately all training forms will have critical information areas highlighted to avoid oversight. See attachment Staff Member B: trainer was contacted and proof of approved trainer documentation was provided and added to her file. See attachment. Staff Member C: was not permitted to administer medications until she successfully completed the training course again. Training was completed 7/22/10. Policy for medication administration updated as follows: All staff coming to Dock Meadows already trained as Med Tech. will provide proof of training documentation including the trainer's certificate prior to being permitted to administer medication at Dock Meadows. See attachment.	9/9/10 <i>[Signature]</i>