



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

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

CERTIFIED – RETURN RECEIPT
MAILING DATE: AUG 13 2010

Ms. Lynn G. Plasha, Administrator
Maris Grove, Inc.
100 Maris Grove Way
Glen Mills, Pennsylvania 19342

RE: Renaissance Gardens at Maris Grove
500 Maris Grove Way
Glen Mills, Pennsylvania 19342

Dear Ms. Plasha:

As a result of the Department of Public Welfare's licensing inspection on July 26, 2010 of the above personal care home, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report was found.

Correction of this violation in accordance with the specified plan of correction is required. Failure to correct this violation may result in further licensing enforcement action.

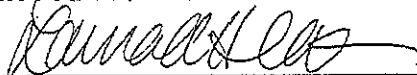
Sincerely,

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

Kevin T. Casey
Deputy Secretary

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Renaissance Gardens at Maris Grove 500 Maris Grove Way, Glen Mills, PA 19342		CURRENT LICENSE NUMBER 134661 (Non-renewal)	
INSPECTION DATE(S) (Include all dates of the inspection) July 26, 2010		REGIONAL REPRESENTATIVE James Jesse Hummel, Justin Trupp	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/30/10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (4) Strength. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). the medication.	-The medication administration record for resident #1 does not include a diagnosis for Lidoderm 5% patch. -The medication administration record for Resident #2 does not include the strength of the supplement Sublingual B-12 to be given. -The medication administration record for Resident # 3 does not include a diagnosis for the medicine Lovenox 70mg. Repeated Violation – 3/15/10, et al	8/20/10 8/20/10 9/1/10	Resident #1, #2, and #3's medication administration records will be updated to include the identified items. All resident's medication administration records will be audited to ensure the required information is present. The administrator or designee will audit each medication administration record upon receipt of the medication administration record from the pharmacy and prior to placing the medication administration record in the book for use to ensure that the required information is present and accurate.	