

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ALLEGHENY CHRISTIAN MINISTRIES, INC.

LEGAL ENTITY

To operate LAUREL VIEW VILLAGE

NAME OF FACILITY OR AGENCY

Located at 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 107
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 8, 2010 until October 8, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321350

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

OCT 12 2010

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

Mr. John Augustine, Chairperson
Allegheny Christian Ministries, Inc.
Laurel View Village
2000 Cambridge Drive
Davidsville, Pennsylvania 15928

Dear Mr. Augustine:

As a result of the Department of Public Welfare's licensing inspection on July 28, 2010 and August 3, 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 Laurel View Village, 2000 Cambridge Drive, Davidsville, Pennsylvania 15928		CURRENT LICENSE NUMBER 321350	
INSPECTION DATE(S) (Include all dates of the inspection) 7/28/2010, 8/3/2010		REGIONAL REPRESENTATIVE S. Chou and D. Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Ginger M. Barnes, Administrator</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Ginger M. Barnes, THA</i>	DATE 9-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Elaine Gruch</i>	DATE 10/01/10

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
22a1 & 224a 22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. 224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #1, admitted on 1/13/2009, did not have a preadmission screening.	10-1-10	All Residents will have a preadmission screen completed, prior to admission to Personal Care, on a form specified by the Department. A preadmission form was completed & enclosed for Resident #1 using information available prior to her admission to Personal Care. A QA of compliance of timely completion of the preadmission screens will be completed by the RN Manager quarterly.	10/01/10 <i>GE</i>

SEP 30 2010

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Ginguh M. Bane, NHA</i>	DATE 9-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Steve Erush</i>	DATE 10/01/10

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																					
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.	All Residents are not being evacuated to the outside or to a designated fire-safe area. The home does not have a letter from a fire safety expert written within the past 12 months designating fire-safe areas; or an evacuation time, based on the technical construction and fire protection systems of the home. The most recent fire safety expert's letter was dated 3/2/2007. Evacuation times were as follows: <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac Time</th> </tr> </thead> <tbody> <tr> <td>2/28/10</td> <td>11:40p</td> <td>2min 30sec</td> </tr> <tr> <td>3/22/10</td> <td>6:45 p</td> <td>1min 30sec</td> </tr> <tr> <td>4/29/10</td> <td>6:40 a</td> <td>1min 0 sec</td> </tr> <tr> <td>5/28/10</td> <td>1:20 p</td> <td>2min 0 sec</td> </tr> <tr> <td>6/30/10</td> <td>9:40 p</td> <td>55 sec</td> </tr> <tr> <td>7/21/10</td> <td>11:25p</td> <td>2min 10 sec</td> </tr> </tbody> </table>	Date	Time	Evac Time	2/28/10	11:40p	2min 30sec	3/22/10	6:45 p	1min 30sec	4/29/10	6:40 a	1min 0 sec	5/28/10	1:20 p	2min 0 sec	6/30/10	9:40 p	55 sec	7/21/10	11:25p	2min 10 sec	09-28-10	According to the recent fire safety expert's letter dated 08-31-10, based on the construction of the building, residents can be safely evacuated to a fire safe area within the Personal Care Home. A fire drill was held on 8-31-10 which involved all of the residents who were evacuated to a fire safe area in a time of 4 minutes 4 seconds. A maximum safe evacuation time of all residents to a fire safe area was calculated to be 6 minutes. (Letter/drill enclosed) ES director is responsible for compliance.	Steps have been taken to correct violation; full compliance is not verifiable. 10/01/10 <i>SE</i> Date Initials (DPW)
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Angie M. Barnes, NHA</i>		DATE 9-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>
			DATE 10/01/10

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																					
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p>According to the home's administrator, not all residents participate or evacuate during fire drills. Residents are only evacuated in the immediate vicinity of each "simulated fire." The residents in other areas of the home remain in their rooms. The 2010 fire drill record reflects the following resident census and the number evacuated:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Date/ Time</th> <th>Census</th> <th>#Evac</th> </tr> </thead> <tbody> <tr> <td>2/28/10-10:15a</td> <td>58</td> <td>4</td> </tr> <tr> <td>3/22/10-6:45p</td> <td>56</td> <td>3</td> </tr> <tr> <td>4/29/10-6:40a</td> <td>59</td> <td>2</td> </tr> <tr> <td>5/28/10- 1:20p</td> <td>62</td> <td>4</td> </tr> <tr> <td>6/30/10- 9:40p</td> <td>60</td> <td>3</td> </tr> <tr> <td>7/21/10-11:25p</td> <td>62</td> <td>3</td> </tr> </tbody> </table>	Date/ Time	Census	#Evac	2/28/10-10:15a	58	4	3/22/10-6:45p	56	3	4/29/10-6:40a	59	2	5/28/10- 1:20p	62	4	6/30/10- 9:40p	60	3	7/21/10-11:25p	62	3	9-28-10	<p>Resident rooms are not considered fire safe areas and all residents will participate/evacuate during fire drills.</p> <p>On 08-31-10 all residents participated in a fire drill and were all evacuated to a fire safe area and met in a designated meeting area within that fire safe area. Another drill is scheduled for 09-28-10. (Fire drill & policy enclosed) ES director is responsible for compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p><i>10/01/10 JS</i> Date Initials (DPW)</p>
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Angela M. Barne, NHA</i>	DATE 9-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Erush</i>	DATE 10/01/10

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The home had opened Resident # 2's Novolog and did not record an opening date on the container or packaging. The information on the medication label reads "throw away an opened vial after 28 days of use".	10-1-10	All Residents' multi dose vials will be dated when opened, and disposed of after 28 days according to the instructions on the medication label. All LPNs were educated at a staff meeting on 8-18-10 concerning the dating and disposal of opened medication containers and packaging. (See enclosed) A QA will be completed by the RN Manager for compliance quarterly.	Steps have been taken to correct violation; full compliance is not verifiable <i>10/01/10 SE</i> Date Initials (DPW)

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	The home's medication administration records (MARs) for August 2010 did not include the following: <ul style="list-style-type: none"> • Resident # 2's 7:30 am dose of Protonix 40 mg, on 8/2/2010, was not initialed as given. • On 8/1/2010, Resident #2's 9:00 am dose of Lasix 40 mg was not initialed as given. • Resident # 3's 9:00am dose of Lasix 40 mg, on 8/2/2010, was not initialed as given. • On 8/2/2010, Resident #3's 9:00 pm administration of Lantus 100u/ml was not initialed as given. 	10-1-10	All LPN staff who administer resident medications will document on the MAR with date, time, name and initials of the staff person administering the medication. All LPN staff were educated at a staff meeting on 8-18-10 concerning the correct documentation on the MAR. (See enclosed) The RN Manager will QA the MAR documentation quarterly for compliance.	Steps have been taken to correct violation; full compliance is not verifiable <u>10/01/10</u> <u>SE</u> Date Initials (DPW)