

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KENDAL-CROSSLANDS COMMUNITIES, INC.

LEGAL ENTITY

To operate KENDAL AT LONGWOOD

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 100, CUMBERLAND HOUSE, KENNETT SQUARE, PA 19348

(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 60

60

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 29,

2010

until September 29,

2011,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 185730

*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 01 2010

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

Ms. Celia V. Agustin, Administrator  
Kendal-Crosslands Communities, Inc.  
Kendal at Longwood  
P.O. Box 100, Cumberland House  
Kennett Square, Pennsylvania 19348

Dear Ms. Agustin:

As a result of the Department of Public Welfare's licensing inspection on August 4, 2010 and August 6, 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 black ink that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

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

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Kendal at Longwood PO Box 100, 1109 East Baltimore Pike, Kennett Square, PA 19348		<b>CURRENT LICENSE NUMBER</b> 185730	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 4, 2010 and August 6, 2010		<b>REGIONAL REPRESENTATIVE</b> Patricia Adams and James Jesse Hummel	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> Barbara Bryer, RN PERSONAL CARE ADMINISTRATOR/NURSE MANAGER			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Barbara Bryer</i>	<b>DATE</b> 9-19-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cheron Mitchell</i>	<b>DATE</b> 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
20b4 Resident funds and property shall only be used for the resident's benefit.	An employee gift fund was established and resident monies are deposited into an account for the purpose of showing appreciation to staff persons. Contributions are divided among staff persons based upon the number of hours worked during the year.	Immediate & ongoing	We have informed the K.R.A. that once residents move into personal care from independent living that they may not receive such solicitation and have added the following statement to our Welcome Booklet, that reads as follows: FOR PERSONAL CARE RESIDENTS CONTRIBUTIONS TO THE KENDAL RESIDENTS ASSOCIATION EMPLOYEE APPRECIATION FUND ARE PROHIBITED PER DEPARTMENT OF PUBLIC WELFARE CODE 2600 REGULATION 20b4. Please read additional discussion on attached page.	9/22/10 <i>CEM</i>

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

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Continued

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Continued from page 1

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20b4 Resident funds and property shall only be used for the resident's benefit.	An employee gift fund was established and resident monies are deposited into an account for the purpose of showing appreciation to staff persons. Contributions are divided among staff persons based upon the number of hours worked during the year.		After being informed that we may receive this violation we entered a discussion with DPW about this regulation not being applicable based upon the Note on page 37 of the current LMI which reads that this regulation does not apply to facilities like ours that do not assist with financial management, hold residents funds, or act as the resident's payee. We were informed that this will be clarified in the new version of the LMI and this regulation will be upheld unconditionally. The Kendal Residents Association (KRA) plays a vital role in this Continuing Care Retirement Community, by enabling Residents to have an active role in planning, promoting a strong community spirit, and making suggestions for the betterment of their community. It is self governed and independent of Kendal Management. It has been their tradition to solicit contributions for an Employee Appreciation Fund in a voluntary and confidential manner. The implication for potential coercion is unfounded, as staff are unaware of which residents make these donations. <i>Kendal at Longwood has had a longstanding policy of staff not accepting gifts from Personal Care Residents.</i>	

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		<b>DATE</b> 9/22/10

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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.	Resident #1 did not sign the contract dated 7/6/10.	Corrected immediately at time of survey, and ongoing.	It is now noted on this contract that this resident had requested that her daughter sign the contract due to her difficulty in comprehending the information. This requirement has been communicated to the Social Workers who review and sign the contracts with the residents and their families prior to or on the day of admission to personal care. The contracts will be checked for compliance to this regulation by the Personal Care Administrator before being filed.	9/24/10 <i>OCM</i>

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106 If a home operates a swimming area, the following requirements apply:  (2) Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.	<del>The home did not have written policies and procedures specific to the home's usage of the Wellness Center Pool.</del> <i>withdrawn cert 9/22/10</i>	In place and ongoing	Pool Policies have been in place and were shared at the time of survey. The pool is operated by the Wellness Center staff and a Certified Life Guard is always on duty whenever residents are in the pool. Policies specific to residents in Personal Care are being resubmitted. Furthermore, residents who use the pool in the wellness center are screened by physician for their ability to participate and special concerns are addressed that protect the residents health and safety.  See attachments #1a,b,c,d,e	

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130d If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.	The home's fire alarm system is not audible throughout the home. The alarm system in the "new wing" and the "old wing" sound separately.	8/31/10 and ongoing	The Fire Alarm System has now been reprogrammed to sound the Alarms of the Old and New Wing simultaneously, therefore it is now audible throughout the entire personal care home. On 8/31/10, a drill was successfully completed using this new protocol. All staff were trained and residents informed of this change in practice. All future drills will be conducted with this new protocol.  See Attachments #2 a+b	Steps have been taken to correct violation, full compliance is now verifiable <i>[Signature]</i> Date: 9/22/10 Initials (DPW)

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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.	The home evacuates residents to internal areas. The home does not have anything in writing from a fire safety expert identifying fire safe areas inside the home.	9/15/10 and ongoing	We received a new letter from the Fire Safety Expert which identifies designated fire safe areas which are beyond a 2 hour maintained fire safe wall. The letter clarifies that it is permissible to evacuate within the building to these designated fire safe areas and has an attached floor plan marking the locations.  See Attachment #3 a, b & c	9/24/10 <i>Cherou</i>

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132d Residents shall be able to evacuate the entire building or a public thoroughfare, or 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.	The home evacuates residents to internal areas. The home does not have anything in writing from a fire safety expert identifying fire safe areas inside the home.	Ongoing, and annually	Additionally; The Annual Fire Safety Inspection and Observation of Staff Performance during Drill will be initiated and scheduled by Head of Fire Safety/ Maintenance in May 2011, the annual letter will be issued at this time by the Fire Safety Expert. The administrator for Personal Care will review the letter, arrange a meeting if necessary to address any concerns and share feedback with personal care staff. The Personal Care Administrator will keep a copy of this letter available to share with Department of Public Welfare during survey or whenever requested.	

PAGE

CUMBERLAND HOUSE

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132f Alternate exit routes shall be used during fire drills.	Fire drills held in the new wing on 5/30/10, 6/30/10 and 7/16/10 used "all but #17" as the exit route.  <b>Repeated Violation – 8/6/09, et al</b>	8/31/10 and ongoing	Please note that there were a limited variety of evacuation routes that could be practiced within this wing even though the location of the fire itself varies. The fire safety plan has been reviewed with the head of fire safety, the local fire chief, and the administrator for personal care to combine the New and Old Wings onto one drill and revise the use of exits/ designated fire safe areas. Careful attention will be given to not use the same evacuation twice in row when planning drills. This will be monitored by the head of fire safety and the personal care administrator for ongoing compliance by reviewing the log after each drill.	Steps have been taken to correct violation, full compliance is not verifiable Date <u>9/22/10</u> Initials (DPW) <u>DM</u>

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment dated 12/10/09 for resident #2, admitted 11/19/09, was completed more than 15 days after admission.	Immediate and ongoing.	All assessments will be completed within 15 days after admission. This particular assessment was an exception in falling a few days late. Our most recent audit shows all time sensitive documentation being done on time. The Personal Care Administrator will use a system for audit with a double check from the night shift nurse to ensure timely completion of all time sensitive assessments and other documentation.	9/24/10 <i>CMW</i>