



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: February 9, 2011**

Mr. Christopher, J. Richetti, President  
Harrison Senior Living of Coatesville, LLC  
300 Strode Avenue  
Coatesville, Pennsylvania 19320

RE: Harrison Senior Living of Coatesville

Dear Mr. Richetti:

As a result of the Department of Public Welfare's licensing inspection on August 19, 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.

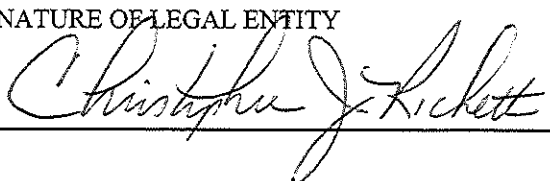
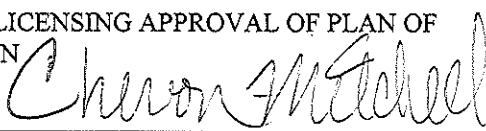
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

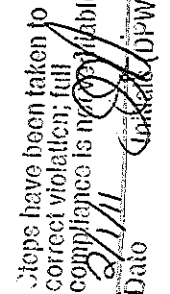
Chevon Mitchell  
Regional Licensing Administrator

Enclosure(s)  
Violation Report

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

|   |                  |  |                  |
|---|------------------|--|------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME<br>HARRISON SENIOR LIVING OF COATESVILLE, 300 STRODE AVENUE COATESVILLE, PA 19320  |                  | CURRENT LICENSE NUMBER<br>105660   |                  |
| INSPECTION DATES (Include all dates of the inspection)<br>08/19/2010  |                  | REGIONAL REPRESENTATIVE<br>Michelle Morton   |                  |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)<br>Harrison Senior Living of Coatesville, LLC |                  |  |                  |
| SIGNATURE OF LEGAL ENTITY<br>  | DATE<br>11/26/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br> | DATE<br>12/27/10 |

| REGULATION<br>55 Pa.Code §2600 | VIOLATION | DATE BY WHICH<br>CORRECTION<br>WILL BE | PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE<br>COMPLIANCE<br>VERIFIED BY |
|--------------------------------|-----------|--|---|-----------------------------------|
|--------------------------------|-----------|--|---|-----------------------------------|

|  |  |                 |  |   |
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| <p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p> | <p>The most recent assessment for resident #1 was completed on 1/2/10. The resident fell on 6/30/10 and was treated at the hospital. The resident returned to the home with an order to wear a cervical collar at all times. The home did not update the resident's assessment to reflect the need to wear the collar.</p> | <p>11/26/10</p> | <p>Inspection conducted on September 23, 2010. Violation report received in November.</p> <p>Resident A named in violation was discharged from facility on October 1, 2010.</p> <p>A review of all assessments was conducted the week of November 22, 2010 to ensure all assessments are current.</p> <p>The Director of Resident Services is responsible for updating all assessments.</p> <p>Spot audits of assessment will be done by the Director Of Clinical Services on a quarterly basis.</p> | <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not probable</p> <p style="text-align: center;"><br/>Date<br/>Gardner (DPM)</p> |
|--|--|-----------------|--|---|