

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRY MEADOWS OF HERSHEY ASSOCIATES

LEGAL ENTITY

To operate COUNTRY MEADOWS OF HERSHEY

NAME OF FACILITY OR AGENCY

Located at 451 SAND HILL ROAD, HERSHEY, PA 17033

(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 190
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 36

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 December 16, 2010 until December 16, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 342830

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

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

JAN 10 2011

Mr. David Leader, Chief Operating Officer
Country Meadows of Hershey Associates
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Hershey
451 Sand Hill Road
Hershey, Pennsylvania 17033

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on September 21, 2010 and September 22, 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.

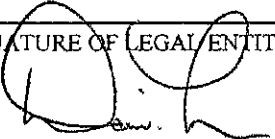

Sincerely,

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 COUNTRY MEADOWS OF HERSHEY, 451 SAND HILL ROAD HERSHEY, PA 17033		CURRENT LICENSE NUMBER 342830	
INSPECTION DATES (Include all dates of the inspection) 09/22/2010		REGIONAL REPRESENTATIVE Ryan Novak, Rebecca Riel, Meriann O'Malley	
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 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/12/10


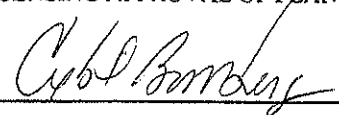
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
designated person, or if a court orders disclosure.				<u>CONT'D</u>

PCH Division
Central Region Field Office

NOV 12 2010


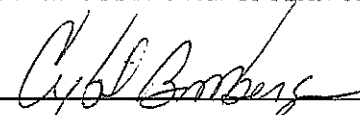
RECEIVED

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		Ongoing	Director of Wellness will monitor med eval and med list for proper dating and documentation. <i>Medical evaluations will be reviewed upon receipt. Incomplete medical evaluations will be returned to the physician within prepared for completion. (CB)</i>	<u>Cont'd</u>

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

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SIGNATURE OF LEGAL ENTITY 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/13/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	<ul style="list-style-type: none"> • Resident #2's assessment, dated 7/13/10 noted that the resident is independently mobile with an ambulation device and uses eyeglasses. However, the support plan, dated 7/13/10 does not address the use of an ambulation device or the use of eyeglasses. • Resident #6's assessment dated 5/1/10 noted that the resident is independently mobile with an ambulation device. However, the support plan dated 5/1/10 does not address the use of an ambulation device. • Resident #3's assessment, dated 7/31/10 noted that the resident is incontinent of the bladder and bowel. However, the support plan dated 7/31/10 does not address these service needs. • Resident #4 utilizes a grab assist bar. However, the support plan, dated 6/15/10 does not address the use of the assistive device. 	9/23/10 9/23/10 Ongoing	<p>The support plans for resident #2, #6, #3, and #4 were updated with the same information contained on assessment even when no assistance was needed.</p> <p>The Director of Wellness reviewed the need for the support plan and assessment to be completely the same with all personnel who complete assessments.</p> <p>The Director of Wellness will monitor regularly for compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/13/10 Date Initials (DPW)</p>