

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GROVE MANOR

LEGAL ENTITY

To operate WOODCREST SENIOR LIVING COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 1 WOODCREST CIRCLE, SCOTTDALE, PA 15683

(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 31

31

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 November 2,

2010

until November 2,

2011,

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

No: 442120

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

NOV 09 2010

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

Mr. William T. Dunlap, President
Grove Manor Corporation
435 N. Broad Street
Grove City, Pennsylvania 16127

RE: Woodcrest Senior Living Community
1 Woodcrest Circle
Scottdale, Pennsylvania 15683

Dear Mr. Dunlap:

As a result of the Department of Public Welfare's licensing inspection on October 18, 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 WOODCREST SENIOR LIVING COMMUNITY, 1 WOODCREST CIRCLE SCOTTDALE, PA 15683		CURRENT LICENSE NUMBER 442121	
INSPECTION DATES (Include all dates of the inspection) 10/18/2010		REGIONAL REPRESENTATIVE Michelle Geddes, Jan Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Robert Dolla JR / PC Adm</i>			
SIGNATURE OF LEGAL ENTITY <i>Robert Dolla</i>	DATE 10-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Cutter</i>	DATE 10-26-10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	On 10/15/10, from 11:00 pm to 3:00 am, eight residents were in the home. During this time no staff persons were present in the home who were certified in first aid and CPR.	10-18-10	The schedule will reflect at least (1) person trained in CPR & First aid for every 50 residents. Recent classes will be scheduled & conducted by the administrator.	Steps have been taken to correct violation; full compliance is not verifiable 10-26-10 Date Initials (DPW)
		11-30-10	The administrator will monitor the schedule weekly to ensure there is at least one staff person trained in first aid and CPR for every 50 residents. 10-26-10	

10/25/2010 MON 15:13 FAX

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODCREST SENIOR LIVING COMMUNITY, 1 WOODCREST CIRCLE SCOTSDALE, PA 15683		CURRENT LICENSE NUMBER 442121	
INSPECTION DATES (Include all dates of the inspection) 10/18/2010		REGIONAL REPRESENTATIVE Michelle Glidden, Jan Currier	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Robert Dulla Jr / PG Adm.</i>			
SIGNATURE OF LEGAL ENTITY <i>Robert Dulla Jr</i>	DATE 10-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>g</i> 10-26-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #1's last medical evaluation was completed on 2/10/09.	10-21-10	<p>Medical evaluation was completed on Resident #1. (Attachment 1)</p> <p>Unable to locate previous medical evaluations; due to transition of records from sale.</p> <p>The Administrator checked all resident records to ensure all residents have a current medical evaluation completed 10-26-10</p>	10-26-10 <i>g</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODCREST SENIOR LIVING COMMUNITY, 1 WOODCREST CIRCLE SCOTSDALE, PA 15683		CURRENT LICENSE NUMBER 442121	
INSPECTION DATES (Include all dates of the inspection) 10/18/2010		REGIONAL REPRESENTATIVE Michelle Glidden, Jan Cotter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Robert Dulla JR / PC adm.</i>			
SIGNATURE OF LEGAL ENTITY <i>Robert Dulla</i>	DATE 10-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>g</i>	DATE 10-26-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for resident #1 was completed on 1/21/09.	10-18-10 10-19-10	Assessment completed on Resident #1. L.A. Mchowski #2 Previous assessment could not be located due to transition of records due to sale. The Administrator checked all resident records to ensure all residents have a completed and current assessment 10-26-10 g	 10-26-10 g

10/25/2010 MON 15:13 FAX

0005/014