

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JAI JALARAM CARE, LP

To operate COLONIAL LODGE RETIREMENT COMMUNITY

Located at 2015 NORTH READING ROAD, DENVER, PA 17517

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 75
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from January 14, 2011 until January 14, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 322580

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: FEB 03 2011

Ms. Lois Clymer, Administrator/Owner
Jai Jalaram Care, LP
Colonial Lodge Retirement Community
2015 North Reading Road
Denver, Pennsylvania 17517

Dear Ms. Clymer:

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

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

Since this is a reduction in the previous licensed capacity, you have the right to appeal this decision through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:


Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

Ms. Lois Clymer

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky". To the right of the signature is a vertical line followed by the initials "RMB".

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
INSPECTION DATES (Include all dates of the inspection) 10/21/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Lori Gensil, 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) <i>Lois D Clymer, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Lois D Clymer</i>	DATE 11-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Gensil</i>	DATE 1/7/11

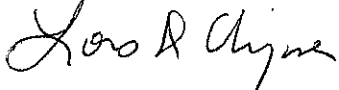
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<ul style="list-style-type: none"> The contract for Resident #1 dated 5/11/2010 was not signed by the payer. The contract for Resident #2 dated 1/31/2010 was not signed by the resident. <p align="center"> <small>PCH Division Central Region Field Office</small> NOV 24 2010 RECEIVED </p>	11-29-10 12-6-10	① [redacted] will ensure that contracts for residents #1 and #2 are signed by the resident and the payer. ② [redacted] will ensure that all contracts are checked for appropriate signings. ③ All new admission contracts will be checked by two staff to ensure compliance.	<p align="center"> <small>Steps have been taken to correct violation. Full compliance is not verifiable</small> 11/11/10 Initials: [redacted] </p>

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SIGNATURE OF LEGAL ENTITY <i>Loro D. Chrysler</i>	DATE 11-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>WR</i>	DATE 11/7/11

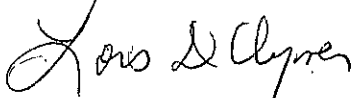

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51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The application for Staff A, hired on 6/1/2010 states that she lived in the state of Texas until April 2010. An FBI criiminal background check was not completed by the home.	12-6-10	① [REDACTED] will obtain and submit an FBI criminal background check for staff A. ② All staff personnel involved in hiring will be instructed to read application carefully and ask additional questions to determine if applicant has lived out of state. This will be done by [REDACTED]. ③ [REDACTED] will change the wording on application from "have you lived in PA for 2 years" to "have you resided in PA during the past 2 years."	Steps have been taken to correct violation. Full compliance is not verifiable Date 11/11/11 Initials (SFW) <i>WR</i>

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(relating to protective services for older adults) and other applicable regulations.				

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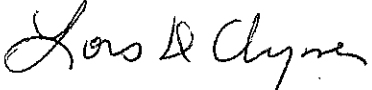
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60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	The home's census is 63 residents. There are typically 2 staff persons working in the home between the hours of 10:30pm-6:30am. The number of staff during sleeping hours does not allow for the needs of the residents to be safely met during a fire drill or evacuation.	11-29-10 12-6-10	<p>① The Administrator will hire additional staff to provide a minimum of 3 staff persons in the home at all times.</p> <p>② A fire drill will be conducted with 3 staff persons to ensure that residents can be safely evacuated in the event of an emergency.</p>	MEG 1/10/11

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 11-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/7/11

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Direct Care Staff Persons B, C and D did not receive training in Falls & Accident Prevention during training year 2009.	12-6-10	In 2010 all staff will receive training in Falls and Accident Prevention given by [redacted] and [redacted]	<i>[Signature]</i> 1/10/11
		12-6-10	The 2011 Staff Training Plan prepared by [redacted] will include Falls & Accident Prevention.	

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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SIGNATURE OF LEGAL ENTITY <i>Scott D. Clymer</i>	DATE 11-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 11/7/11

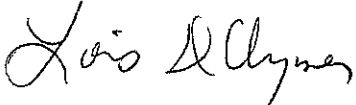
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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	A bedside transfer handle belonging to Resident #3 in bedroom #12 was not covered, allowing space for a person to get his/her limbs caught.	11-29-10	The bedside transfer handle belonging to Resident #3 in Rm. 12 will be covered by a mesh fabric by [REDACTED] to ensure that any limbs will not get caught.	<i>MES 1/10/11</i>

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<ul style="list-style-type: none"> • Six full gallon containers of Austin's A-1 Bleach and 2 full pound containers of Theochem Laboratories, Inc Crystal Drain Opener, both with a manufacturer's label indicating "if swallowed, call poison control center or doctor immediately" and 4 full quart containers of Noble Chemical Premium Liquid Gel Cleanser (BAM with Bleach), with a manufacturer's label indicating "inhalation: seek medical advice immediately", were unlocked and accessible to residents in the basement of the laundry facility. The doors from the outside and to the basement were unlocked, and no one was in the laundry facility. • A one gallon bottle of Control III Laboratory Germicide, with a manufacturer's label indicating "if swallowed, call poison control center or doctor immediately" was unlocked and accessible to residents in a cabinet of a room next to the dining room used to administer medications. <p>Residents of the home, including Resident #1, 2 and 4, have not been assessed capable of recognizing and using poisonous materials safely.</p>	ongoing 12-6-10	<p>① All areas where poisons are located will be locked. The door to the basement will be kept locked.</p> <p>② All maintenance and house keeping staff will be instructed by Mike Davis on the policies & procedures for maintaining safe storage of poisonous materials.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> Changes being incorporated to correct violation, full compliance is not verifiable Mike Davis (BAM) </p>

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SIGNATURE OF LEGAL ENTITY <i>Ann D. Clynes</i>	DATE 11-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 1/7/11

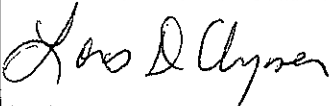

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85a Sanitary conditions shall be maintained.	<ul style="list-style-type: none"> On 10/21/2010 in the am, urine was observed on the floor around the base of the toilet in the bathroom near bedroom #56. Later in the afternoon of 10/21, urine was still observed around the base of the toilet in addition to on the toilet seat. On 10/22/2010, the toilet bowl and lid in bedroom #202 were dirty. Resident #5 reported that the bathroom had not been cleaned for 2 weeks. 	<p>12-6-10</p> <p>11-29-10</p>	<p>① An additional housekeeping staff person will be hired by the administrator.</p> <p>② The housekeeping staff will sign assignment sheets to ensure all rooms are cleaned as scheduled. [REDACTED] will prepare and maintain these schedules.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> I have been taken to the Department of Health and Senior Services, Division of Senior and Adult Services, Bureau of Residential Care (BRC) </p>

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The trash can in the shared bathroom of bedroom #3 does not have a lid.	completed 11-29-10 12-6-10	<p>① The trash can in bedroom #3 was replaced by a trash can with a lid.</p> <p>② All shared bedrooms will be checked for the proper lidded trash can by [REDACTED]</p> <p>③ House keeping staff will be trained to monitor the proper trash can equipment by [REDACTED]</p>	<i>MES 1/10/11</i>

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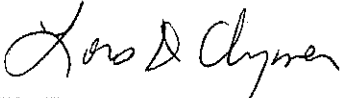

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101o Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	<ul style="list-style-type: none"> • The carpeting in bedroom #202 has several large, black stains. • An air conditioning wall unit in bedroom #3 has 1/4" gaps on the corners and sides of the wall, allowing insects and the cold air to enter the bedroom. 	Completed 12-6-10 Completed 12-6-10	<p>① The carpet in Rm 202 was shampooed immediately upon inspection on 10/21/10.</p> <p>② Housekeeping will monitor for dirty carpets and shampoo when indicated. Trashing will be given by [REDACTED]</p> <p>③ The air conditioning wall unit in bedroom #3 was removed on 10/21/10.</p> <p>④ All staff will be trained to monitor for any areas needing repair. Repairs will be completed on a timely basis.</p>	WES 11/10/11

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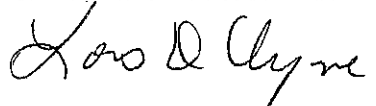
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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	<ul style="list-style-type: none"> • A used bar of soap was found in the shared bathroom of bedroom #202. • Nine used bars of soap were found in the shared bathroom of bedroom #3. • A used bar of soap was found in the shared bathroom of bedroom #139. 	11-29-10	<p>① All bars of soap will be stored in individually labeled plastic containers by [REDACTED] and [REDACTED].</p>	<i>MES 1/10/11</i>
		12-6-10	<p>② House keeping will be trained by [REDACTED] to monitor for any bars of soap not in storage containers.</p>	

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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	There are 2 staff persons working in the home between 10:30pm-6:30am. The minimum number of staff participating in the fire drills in the past year were 8. The home has not held a fire drill utilizing/practicing with only 2 staff persons. The home routinely holds fire drills when additional staff are present.	11-29-10 12-6-10	<p>① The administrator will hire additional staff to provide a minimum of 3 staff persons in the home at all times.</p> <p>② A fire drill will be conducted with 3 staff persons to ensure that residents can be safely evacuated in the event of an emergency.</p>	MRS 1/10/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME COLONIAL LODGE RETIREMENT COMMUNITY, 2015 NORTH READING ROAD DENVER, PA 17517		CURRENT LICENSE NUMBER 322580	
INSPECTION DATES (Include all dates of the inspection) 10/21/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Lori Gensil, 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 11-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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																																																																	
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No			
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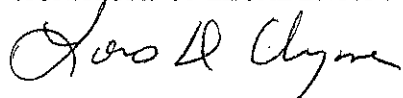
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SIGNATURE OF LEGAL ENTITY <i>David D. Chymer</i>	DATE 11-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 1/7/11

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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<ul style="list-style-type: none"> • The medical evaluation for Resident #4, dated 7/14/2010, states "see attached" in the medical history and medications sections. There is nothing attached to the medical evaluation. • The medical evaluation for Resident #6, dated 5/21/2010, states "see MAR" in the medications section, but the Medication Administration Record is not attached to the medical evaluation. • The medical evaluation for Resident #7, dated 11/9/2009, states "see attached" in the medications section. The attached list of medications is not signed or dated by the physician. The medical evaluation form is also not signed by the physician and does not contain the physician's license number. 	11-29-10 12-6-10 12-6-10	① The medical evaluations for residents 4, 6, 7 will be sent to physicians for a signed, dated copy of the meds by [redacted] ② All medical evaluations will be checked for proper attachments by [redacted] ③ Nursing staff who obtain medical evaluations will be instructed to check for any missing attachments and acquire them if needed by [redacted]	11/01/11 [Signature] (11/01/11)

If you have been taken to court for violation, full compliance is not verifiable
 Date: 11/01/11
 [Signature]
 (11/01/11)

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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.				

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SIGNATURE OF LEGAL ENTITY <i>Hors & Clymer</i>	DATE 11-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MRS</i>	DATE 1/7/11

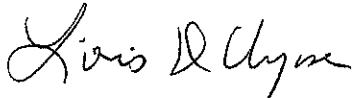
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144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	One of the home's designated smoking areas on the southwest side of the facility had approximately 30 cigarette butts scattered throughout the leaves on the ground.	11-29-10	<p>① All residents who smoke will be instructed on the use of the designated smoking areas by [REDACTED]</p> <p>② As an additional deterrent any resident caught smoking in a non-designated area will be required to attend an additional training class.</p>	<p style="text-align: center;">11/01/11 MRS (1571)</p> <p style="font-size: small; text-align: center;">On-site staff must refer to 55 Pa. Code § 2600.101 for information on how to access the PAHIS system</p>

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SIGNATURE OF LEGAL ENTITY <i>Lois D Clymer</i>	DATE 11-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/7/11

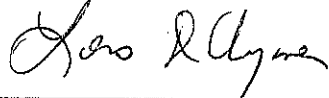

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #8 does not include the medications for Tylenol (325mg/2-4 tabs q 6-8 hours PRN for pain) or Acetaminophen (325mg/2 tabs q 6 hours PRN for pain). Both medications were located in the medication cart. Repeated Violations: 11/18/2009	12-6-10 ongoing	① All nurses and medication administrators will be trained in the policies & procedures for maintaining the MAR record by [redacted] Harper. ② All medications will be checked with the MAR on a monthly basis by a nurse or medication administrator. This will be overseen by [redacted]	<i>[Vertical Stamp: RECEIVED 11/11/11...]</i>

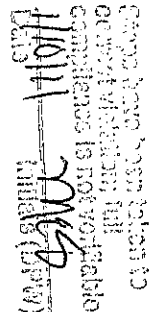
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #1 participated in the development of their support plan on 2/1/2010. The resident did not sign the support plan.	11-29-10	① Resident #1 will review [redacted] support plan and sign it by [redacted]	
		12-6-10	② All support plans will be checked for any missing signatures by [redacted]	
		12-6-10	③ All staff who participate in developing support plans will be instructed to obtain signatures when the residents participate in the support plan development, by [redacted]	