

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PHILADELPHIA PRESBYTERY HOMES, INC.

LEGAL ENTITY

To operate SPRING MILL PRESBYTERIAN VILLAGE

NAME OF FACILITY OR AGENCY

Located at 2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444

(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 107  
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 33

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 14, 2010 until December 14, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127920

*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

JAN 13 2011

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

Ms. Jolynn Carl, Administrator  
Philadelphia Presbyterian Homes, Inc.  
2000 Joshua Road  
Lafayette Hill, Pennsylvania 19444

RE: Spring Mill Presbyterian Village  
2002 Joshua Road  
Lafayette Hill, Pennsylvania 19444

Dear Ms. Carl:

As a result of the Department of Public Welfare's licensing inspection on November 5, 2010 and November 8, 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.

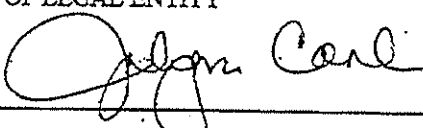
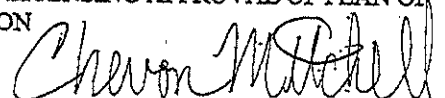
Sincerely,

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 SPRING MILL PRESBYTERIAN VILLAGE, 2002 JOSHUA ROAD LAFAYETTE HILL, PA 19444		CURRENT LICENSE NUMBER 127921	
INSPECTION DATES (Include all dates of the inspection) 11/05/2010, 11/8/10		REGIONAL REPRESENTATIVE James Jesse Hummel, Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Jolynn Carl</p>			
SIGNATURE OF LEGAL ENTITY 		DATE 11/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 12/9/10	

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
51 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 home utilizes the services of Amedeysis Home Health Care Agency. The home does not have criminal history background checks completed on the PA State Police Request for Criminal Record Check form or via the e-patch system for any of the Amedeysis Home Health Care staff.  Repeated Violation - 3/8/10, et al	11/10/10	<ol style="list-style-type: none"> <li>① Amedeysis Criminal background checks were rec'd 11/17/10.</li> <li>② Prior to any organization such as a Home Health Agency including Hospice, etc., Spring Mill will receive the STATE Required Forms as indicated in Reg. 51.</li> <li>③ Before initiating services, STATE Criminal Background forms will be in place confirmed by administrator.</li> <li>④ Required forms will be kept in binder &amp; maintained by Admins.</li> <li>⑤ The Administrator will monitor to assure compliance.</li> </ol>	12/9/10 CDM

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Johann Carl</i>			
SIGNATURE OF LEGAL ENTITY <i>Johann Carl</i>	DATE <i>11/21/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryn Mitchell</i>	DATE <i>12/9/10</i>

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
(relating to protective services for older adults) and other applicable regulations.	<hr style="border: 0; border-top: 1px solid black; width: 100%;"/>		<i>See prior page</i>	<hr style="border: 0; border-top: 1px solid black; width: 100%;"/>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Jolyn Carl</i>	DATE <i>11/21/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>12/9/10</i>

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
144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home's written fire safety procedures related to smoking do not include proper safeguards outside of the home to prevent fire hazards involved in smoking including extinguishing procedures.	<i>12/10/10</i>	<ol style="list-style-type: none"> <li>① Resident Handbook updated to include fire safety steps specific to preventing fire hazards. (Copies attached) i. handbook updated @ survey + copy provided.</li> <li>② Copy of smoking policy attached highlighted to review by all residents @ time of admission.</li> <li>③ Resident handbook is part of contract. By signing contract acknowledges handbook contents including review of smoking policy + safeguards.</li> <li>④ Admissions Contractor to use updated handbook w/all new contracts as of 11/17/10.</li> </ol>	<i>12/9/10 CEM</i>

⑥ Admin will monitor

⑤ Training will be provided to staff and residents on fire safety outside of home to prevent hazards + assure proper extinguish

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SIGNATURE OF LEGAL ENTITY <i>Sobynn Carl</i>	DATE <i>11/21/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christon Mitchell</i>	DATE <i>12/9/10</i>

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	Inside the refrigerator of the second floor medication room was a vial of Cyanocobalamin (Vitamin B 12). The medication did not have a pharmacy label attached.	Training Completed By <i>M #10110</i>	<ol style="list-style-type: none"> <li>① All medications rec'd will be checked prior to placing in MED carts or other storage areas including refrigerator, person responsible - nurse on unit.</li> <li>② Nightly checks of refrigerator + cart + other storage locations to be done. Labels are in place (check log attached)</li> <li>③ Training provided to ALL nursing staff by <i>11/10</i> to review this regulation.</li> <li>④ Mellenium Pharmacy will assist staff monthly to review all aspects of cart storage management including refrigerator for appropriate labeling of all medications.</li> </ol>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>12/9/10</i> Date</p> <p><i>DPW</i> Initials (DPW)</p>

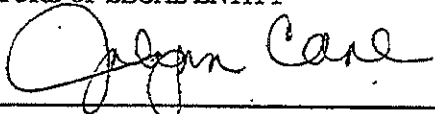
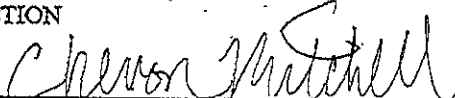
⑤ *COMPLIANCE WILL MON. FOR ASSESS COMPLIANCE*

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	On 11/8/10, a bottle of Famotidine tablets (Pepcid) belonging to resident #1 was located in the medication cart and was not labeled with the resident's name.	Trang Completed by 11/10/10	<ol style="list-style-type: none"> <li>① All OTC will be reviewed for appropriate labeling on a daily basis. The nurse in charge will be responsible.</li> <li>② Staff education will be completed by 12/10/10 to ensure understanding of importance of proper labeling.</li> <li>③ Daily/Check off sheet attached to monitor appropriate information.</li> <li>④ Current Pharmacy will conduct monthly audits to assist w/ on-going compliance.</li> <li>⑤ Administrator to monitor to ensure compliance</li> </ol>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/9/10 Date</p> <p><i>Cherron Mitchell</i> Initials (DPW)</p>

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254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	<p>-On 11/8/10, the resident narcotic count log was found unlocked and accessible. The record includes residents' names and the narcotic medications prescribed to each resident. The narcotic count log book was found sitting next to the fish tank in the Secure Dementia Unit.</p> <p>-On 11/8/10, the home's care log for each resident was found unlocked and accessible. The care log includes residents' names and room numbers as well as when each resident is required to have specific care given.</p>	<p>11/8/10 - BOOK Secured</p> <p>11/8/10 Training Complete</p>	<p>① Narc count log book &amp; ADL Book now secured in confidential location on Cedar Grove.</p> <p>② staff Training/Education will be conducted.</p> <p>③ A notice has been placed on Narc book that reads "Keep Narc log book in drawer by nurses desk @ ALL TIMES when not in use"</p> <p>④ ADL book is returned to room # 406.</p>	<p>12/9/10</p> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/9/10 Date Initials (DPW)</p>