

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SPRIT OF GHEEL

LEGAL ENTITY

To operate BUTTONWOOD FARM

NAME OF FACILITY OR AGENCY

Located at 14 BUTTONWOOD LANE, P.O. BOX 610, KIMBERTON, PA 19442

(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 7  
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 January 14, 2011 until January 14, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 107900

*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

FEB 02 2011

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

Dr. Eric Emery, Executive Director  
Spirit of Gheel  
Buttonwood Farm  
P.O. Box 610, 14 Buttonwood Lane  
Kimberton, Pennsylvania 19442

Dear Dr. Emery:

As a result of the Department of Public Welfare's licensing inspection on November 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.

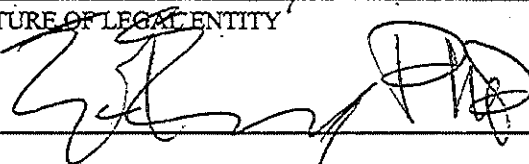
Sincerely,

A handwritten signature in black ink, appearing to read 'R Melusky', with a long horizontal line extending to the right.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

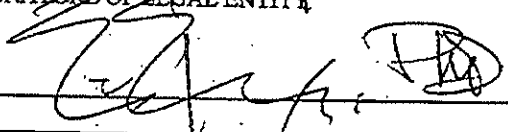
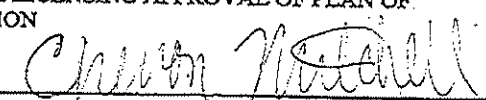
NAME AND ADDRESS OF PERSONAL CARE HOME BUTTONWOOD FARM, 14 BUTTONWOOD LANE P O BOX 610 KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 107900	
INSPECTION DATES (Include all dates of the inspection) 11/22/2010		REGIONAL REPRESENTATIVE Ryan Novak, Laura Helmuth	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Eric Emery, PhD, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>12/4/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherri Mitchell</i>	DATE <i>1/14/11</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
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.	Staff person A's First aid certification expired on 8/12/10. She worked alone on the following dates: <ul style="list-style-type: none"> <li>11/7/10 5:00pm-9:00pm</li> <li>11/13/10 5:00pm-9:00am</li> <li>11/14/10 5:00pm-9:00pm</li> </ul>	<i>11-30 thru 12-4</i>  <i>11-23-10</i>  <i>12-4-10</i>	<i>Had staff member trained as CPR + 1st aid instructor. All trainings will be on site. We will fax copy to DPW when received. Institute staff training plan 66B as per DPW inspectors to ensure full compliance.</i>  <i>First Aid requirements for staff member [redacted] was completed 12-4-10 at Montgomery Hospital, Norristown. Awaiting 1st Aid Card in mail. We will fax copy to DPW when received.</i>	<i>1/14/11 DM</i>

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

4/5

05:10:00 p.m. 01-13-2011

NAME AND ADDRESS OF PERSONAL CARE HOME BUTTONWOOD FARM, 14 BUTTONWOOD LANE P O BOX 610 KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 107900	
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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
66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming	The home's staff training plan does not include the dates, times, and locations for the scheduled training for 2009 and 2010.	<i>11-23-10</i>  <i>1-11-11</i>	<i>Instituted use of form 606B as per recommendation of DPW inspectors to ensure full compliance.</i>  <i>Director of Operations [redacted] and Administrative Assistant [redacted] will be responsible for annual training plan co-ordination and verification.</i>	<i>1/14/11 ORN</i>

BETZWOOD ASSOCIATES

1610 917 8836


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

5/5

01-13-2011

05:10:25 p.m.

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>		DATE <i>12/14/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE <i>1/14/11</i>

REGULATION 55 Pa.Code §2600 year.	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
		<i>1-11-11</i>	<i>This system will be incorporated into the Monthly CQI plan and overseen by Director of Operations</i> 	

BEITZWOOD ASSOCIATES

1610 917 8836

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

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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	The medical evaluation for resident #1 dated 4/20/10 notes "see attached" for medications; there is no attached sheet for medications.	12-10-10  12-10-10  12-10-10	Will revise med list Requiring physician Signature for each page.  Executive Director will meet with medical Director to ensure full compliance on DPW requirements to educate him on importance of these forms.  Director of Operations will review MA-51 when return to ensure signature are included.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date: 1/14/11 Initials (DPW)

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

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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.				