

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SPIRIT OF GHEEL

LEGAL ENTITY

To operate GHEEL HOUSE

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 610, 10 HOLLOW ROAD, 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 8
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 19, 2011 until January 19, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 144320

Robert E. Robinson

ISSUING OFFICER

[Signature]

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
Gheel House
P.O. Box 610, 10 Hollow Road
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'.

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 GHEEL HOUSE, P O BOX 610 10 HOLLOW ROAD KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 144320	
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 <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	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"> • 11/7/10 5:00pm-9:00pm • 11/13/10 5:00pm-9:00am • 11/14/10 5:00pm-9:00pm 	11-30-10 thru 12-4-10 11-23-10 12-4-10	Had staff member trained as CPR+First Aid instructor. All training will be held in Hoos. We will send copy when received. Instructive staff training plan bbb as per DPW inspectors to ensure full compliance. First Aid requirements for staff member [redacted] was completed 12-4-10 at Montgomery Hospital, Norristown, PA. We are awaiting card in mail. we will send copy when received.	1/14/11 <i>CPW</i>

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

2/5
01-13-2011
05:09:23 p.m.

NAME AND ADDRESS OF PERSONAL CARE HOME GHEEL HOUSE, P O BOX 610 10 HOLLOW ROAD KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 144320	
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 Kueery, P.D., Executive Director</i>			
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>

BETZWOOD ASSOCIATES
1610 917 8836

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>1-11-10</i>	<i>Instituted use of form 66b B as per recommendation of DPW inspectors to ensure full compliance.</i> <i>Director of Operations [Redacted] and Administrative Ass. [Redacted] will be responsible for annual training Plan coordination and verification</i>	<i>1/14/11 Cor</i>

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

3/5
01-13-2011
05:09:42 p.m.

NAME AND ADDRESS OF PERSONAL CARE HOME GHEEL HOUSE, P O BOX 610 10 HOLLOW ROAD KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 144320	
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 <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 [redacted]</i>	

BETZWOOD ASSOCIATES
1610 917 8836

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

NAME AND ADDRESS OF PERSONAL CARE HOME GHEEL HOUSE, P O BOX 610 10 HOLLOW ROAD KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 144320	
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 Lemery, PhD, Executive Director</i>			
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	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
<p>I41a</p> <p>he medical evaluation shall include the following:</p> <p>(1) A general physical examination by a physician, physician's assistant or nurse practitioner.</p> <p>(2) Medical diagnosis including physical or mental disabilities of the resident, if any.</p> <p>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>(4) Special health or dietary needs of the resident.</p> <p>(5) Allergies.</p> <p>(6) Immunization</p>	<p>The medical evaluation for resident #1 dated 3/10/10 notes "see list" for medications. There is an attached list but it is not signed and dated by the physician.</p>	<p><i>12-10-10</i></p> <p><i>12-10-10</i></p> <p><i>12-10-10</i></p>	<p><i>We will Revise med list Requiring physician Signature for each page attached.</i></p> <p><i>Executive Director will meet with medical director to ensure full compliance on DPW requirements to educate him on importance of these forms.</i></p> <p><i>Director of Operations will Review MA-51 when returned to ensure signatures are included by physician.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation, full compliance, verifiable</p> <p style="text-align: right;"><i>[Signature]</i> Initials (DPW) <i>1/14/11</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME GHEEL HOUSE, P O BOX 610 10 HOLLOW ROAD KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 144320	
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 Feanery, PhD, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE <i>02/14/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1/14/10</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
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.				