

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HARRISON SENIOR LIVING OF COATESVILLE, LLC

LEGAL ENTITY

To operate HARRISON SENIOR LIVING OF COATESVILLE

NAME OF FACILITY OR AGENCY

Located at 300 STRODE AVENUE, COATESVILLE, PA 19320

(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 80
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 February 8, 2011 until February 8, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **105660**

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 09 2011

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

Mr. Christopher J. Richetti, President
Harrison Senior Living of Coatesville, LLC
Harrison Senior Living of Coatesville
300 Strode Avenue
Coatesville, Pennsylvania 19320

Dear Mr. Richetti:

As a result of the Department of Public Welfare's licensing inspection on November 29, 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

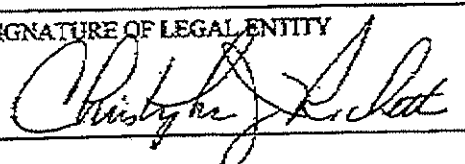
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HARRISON SENIOR LIVING OF COATESVILLE, 300 STRODE AVENUE COATESVILLE, PA 19320		CURRENT LICENSE NUMBER 105650	
INSPECTION DATES (include all dates of the inspection) 11/29/2010		REGIONAL REPRESENTATIVE Christine McHale, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Christopher J. Richetti, President</i>			
SIGNATURE OF LEGAL ENTITY <i>Christopher J. Richetti</i>	DATE 12/28/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/12/11

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
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 #2 does not include a diagnosis for Haldol 15 mg and Lorazepam 0.5 mg.	12/28/10	Resident #2 - Medication Administration record was updated by residents Doctor to include diagnosis for Haldol 15 mg and Lorazepam 0.5 mg. A review of all residents medication administration record was conducted by the Director of Resident Services the week on December 13, 2010 to ensure diagnosis of medication compliance. All nurses and med techs were re-inservice by the Director of Resident Services on obtaining diagnosis by physicians for all prescribed medications. Re-inservice conducted on 12/16/10. A review of MAR's will be done quarterly by the Director of Resident Services to ensure compliance and monitored by the Director of Clinical Services.	<i>[Signature]</i> Date 1/12/11 Steps have been taken to correct violation: by [Signature] effective 1/12/11 Date 1/12/11 DPW

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

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NAME AND ADDRESS OF PERSONAL CARE HOME HARRISON SENIOR LIVING OF COATESVILLE, 300 STRODE AVENUE COATESVILLE, PA 19320		CURRENT LICENSE NUMBER 105660	
INSPECTION DATES (include all dates of the inspection) 11/29/2010		REGIONAL REPRESENTATIVE Christine McHale, Ryan Nowak	
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 12/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
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.			

DEC-28-2010 11:57A FROM: HARRISONSENIOR LIVING 86103833945

TO: 86102701147

P. 9/14

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

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NAME AND ADDRESS OF PERSONAL CARE HOME HARRISON SENIOR LIVING OF COATESVILLE, 300 STRODE AVENUE COATESVILLE, PA 19320		CURRENT LICENSE NUMBER 105660	
INSPECTION DATES (Include all dates of the inspection) 11/29/2010		REGIONAL REPRESENTATIVE Christine McHale, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>CHRISTOPHER J. RILHETT, PRESIDENT</i>			
SIGNATURE OF LEGAL ENTITY <i>Christopher J. Rilhett</i>	DATE 12/28/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/12/11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 11/21/10, at 9:00 am, resident #3's Prilosec 20 mg, Glucophage 500 mg, Lasix 80 mg, and Colace 100 mg was administered. The medication administration record was not initialed for these medications.	12/28/10	<p>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)</p> <p>A review of all Medication Administration Records was conducted by the Director of Resident Services the week of December 13, 2010 to ensure compliance for medications that are administered on the MAR.</p> <p>All nurses and med techs were re-inserviced on Medication Administration Policy and Procedure. Re-in-service was conducted on 12/16/2010.</p> <p>Quarterly audits of MAR's will be done by the Director of Resident Services and monitored by the Director of Clinical Services.</p> <p>Steps have been taken to correct violation. Full compliance is achievable Date 1/11/11 Christine McHale (DPW)</p>