

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STAPELEY HALL

To operate WESLEY ENHANCED LIVING AT STAPELEY

Located at 6300 GREENE STREET, PHILADELPHIA, PA 19144

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 79
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 14

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 15, 2011 until February 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140170

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 17 2011

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

Mr. David T. Johnson, NHA, Executive Director
Stapeley Hall
Wesley Enhanced Living at Stapeley
6300 Greene Street
Philadelphia, Pennsylvania 19144

Dear Mr. Johnson:

As a result of the Department of Public Welfare's licensing inspection on November 30, 2010 and February 3, 2011 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.

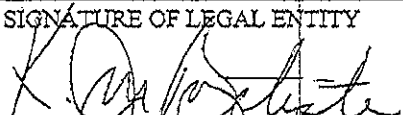

Sincerely,



A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

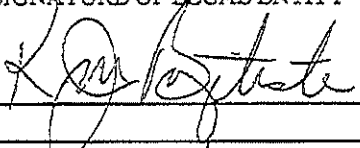

Enclosures
License
Violation Report



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

NAME AND ADDRESS OF PERSONAL CARE HOME WESLEY ENHANCED LIVING AT STAPELEY, 6300 GREENE STREET PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 140171	
INSPECTION DATES (Include all dates of the inspection) 11/30/2010		REGIONAL REPRESENTATIVE Ryan Novak, Christine Mchale	
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 2/3/11

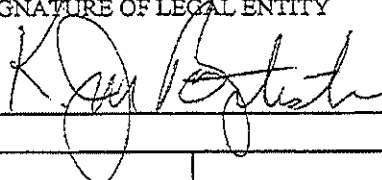
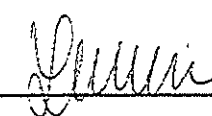
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The home's most current violation report was not posted in a conspicuous and public place in the home.	2/3/11 	3C A copy of the most recent violation report has been placed in the front lobby. It will be the responsibility of the receptionist/Guard on duty to check on daily basis to verify that it has not been moved.	2/3/11 

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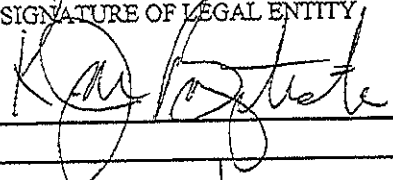

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25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<ul style="list-style-type: none"> The contract for Resident #1 dated 10/28/10 was not signed by the Resident. The contract for Resident #2 dated 5/1/10 was not signed by the Resident. <p>Repeated Violations: 04/29/2010</p>		<p>25B 11/30/10 Contract for resident # 1 & Resident # 2 was signed. All contracts will be reviewed by sales Manager, upon completion the PCA will review all contracts to verify all required signatures and dates are in place. The contract will then go to the Executive Director, who then will send the contract to the corporate office for final approval.</p>	<p>2/3/11 </p>
		2/3/11	<p>The contracts for all current residents have been audited.</p> <p> 2/3/11</p>	


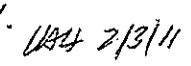
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41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. Repeated Violations: 04/29/2010	2/3/11 <i>WMA</i>	41e Resident #1 has signed a statement acknowledging the receipt of a copy of resident rights and complaint procedure. All contracts will be reviewed by Sales Manager, upon completion the PCA will review all contracts to verify all required signatures and dates are in place. The contract will then go to the Executive Director for a final approval prior to being filed.	LAH 2/3/11
		2/3/11	The contracts for all current residents have been audited. <i>WMA</i> 2/3/11	

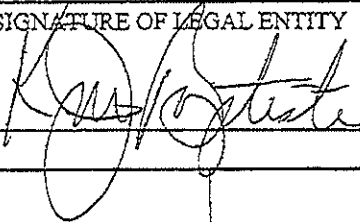

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
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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	<ul style="list-style-type: none"> Direct care staff person B received only 9.5 hours of annual training in training year January 2009-December 2009. Direct care staff person C received only 8.5 hours of annual training in training year January 2009-December 2009. 			2/3/11 
<p>65e Direct staff person B and Direct Staff Person C will satisfy all 12 hours of annual training relating to the job duties. The sign in sheets that was used in the past did not keep track of the number of training hours each topic provided. We are now using DPW record of training sign in sheet, which will provide all necessary information as it pertains to training.</p>				
		2/3/11	Upon completion of all training, personal care administrator or designee will review all records to insure they were completed thoroughly.  2/3/11	

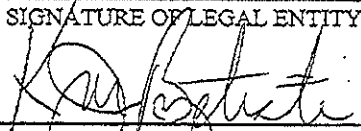

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82a Poisonous materials shall be stored in their original, labeled containers.	A spray bottle marked all purpose cleaner and disinfectant was found in the 4th floor bathroom across from room #401. The bottle did not have an original label on the bottle. Repeated Violations: 04/29/2010		82a All bottles has been removed from the facility that does not have any labels. The Housekeeper Director has completed a full audit to verify that any bottles with out labels are removed. An in-service will be completed as well to educate the staff on poisonous materials. This will be completed by 1/31/11.	2/3/11 

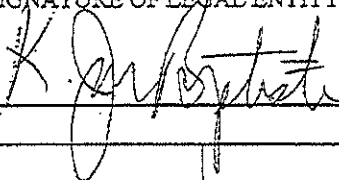

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>-A bottle of QC 52 Glass Cleaner with a manufacturer's label indicating "Get medical attention immediately if ingested", was unlocked and accessible to residents in the resident bathroom across from room #401.</p> <p>-In the kitchen of the home's Secure Dementia Unit one bottle of La's Totally Awesome Cleaner was found in a drawer, labeled "If Swallowed call physician, poison control, or emergency room immediately."</p> <p>Residents #1, 2, 3 and 4 have not been assessed capable of recognizing using poisons safely.</p> <p>Repeated Violations: 04/29/2010</p>	2/3/11	<p>82c The bottle of QC 52 glass cleaner was immediately removed as well as the bottle of La's Totally Awesome Cleaner was removed as well. We are in the process of changing the housekeeping carts to the dome covered locked units.</p> <p>Resident #1, 2, 3, and 4 have all been assessed to safely recognize and use poisons safely.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/3/11 1/23/11 Date Initials (DPW)</p>
			<p>All residents have been assessed to determine their ability to safely use poisonous materials.</p> <p>Poisonous materials will be locked from any resident who is deemed unsafe to use poisons. UAH 2/3/11</p>	

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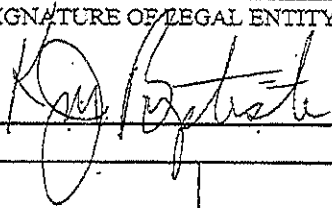

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103g Food shall be stored in closed or sealed containers.	The following items were found in the home's main kitchen freezer in unsealed bags: <ul style="list-style-type: none"> • Cod Filets • Flounder Filets • Breaded Chicken Cutlets 		<p style="text-align: center;">103g An in-service has been conducted which included all cooks about the proper storage of food.</p> <p>The identified items were discarded.</p> <p>A staff person has been designated to check the food storage area daily for compliance. <i>UMP 2/3/11</i></p>	2/3/11 <i>UMP</i>

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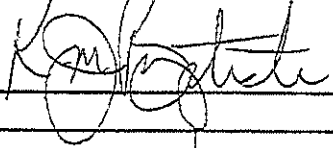

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the 2000 Dodge Grand Caravan used to transport residents was not equipped with scissors and a breathing shield.			<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">2/3/11 VPH</p> <p style="text-align: center;">Date Initials (DPW)</p>
			<p>171b5 On 11/30/2010 Scissors and a breathing shield was added to the F/A kit in the 2000 Dodge Caravan. A zip tie was also placed on the F/A to notify staff if anything has been used or tampered with.</p> <p>2/3/11</p> <p>The scissors were present in the vehicle at the time of the inspection, but did not fit into the first aid kit. They have now been removed from their box and put into the first aid kit.</p> <p>The first aid kit has been placed in a drawer under a seat where only staff know the location and would have access. VPH 2/3/11</p>	

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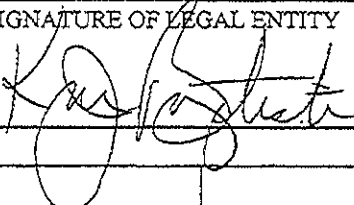

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<p>The following medications were found in Resident #3's room:</p> <ul style="list-style-type: none"> • Claritin 10 mg reditabs • Bausch and Lomb Soothe lubricant eye drops <p>Resident #3 can not self administer medications.</p> <p>Repeated Violations: 04/29/2010</p>	1/23/11	<p>183b The Claritin and the Bausch and the Lomb Soothe lubricant were immediately removed from resident #3 apartment. Resident #3 POA was also called to remind that he cannot bring in OTC drugs. Another letter will be sent to all the residents and their POA's about OTC medication. The target date for this letter will be by 1/31/2011.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/3/11 </p> <p>Date Initials (DPW)</p>
		2/3/11	<p>Staff have been instructed to notify their supervisor if they find medications throughout the course of their daily routine. </p>	

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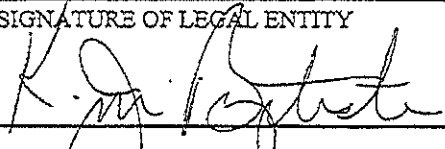

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
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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.			2/3/11 VAH
		2/3/11	191 On 11/30/10 resident #1 was educated on his/her right to question or refuse a medication if he/she believes there may be a medication error. This will be part of the contract signing. The records of all current residents have been reviewed. VAH 2/3/11	

VIOLATION REPORT
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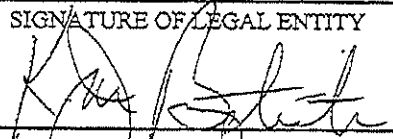
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #4 does not include Diagnoses for the following medications: • Vitamin D3 1000 Units • Prednisone Oral 1 mg tablets		187a On 11/30/10 The DX was added to resident # 4 Vitamin D3 1000 units as well as Prednisone Oral 1mg tabs. As a temporary fix the system has been upgraded to allow us to run reports for any missing DX's. With the New Year approaching a new program is in the works that will not allow for any staff to advance or do anything if a DX is missing. We will continue to run reports on a monthly basis in the meantime. This will be done by the nurse supervisor.	2/3/11 

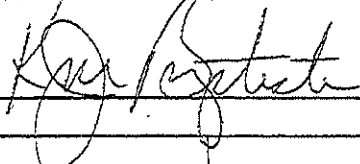
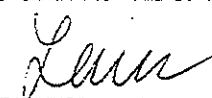
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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NAME AND ADDRESS OF PERSONAL CARE HOME WESLEY ENHANCED LIVING AT STAPELEY, 6300 GREENE STREET PHILADELPHIA, PA 19144		CURRENT LICENSE NUMBER 140171	
INSPECTION DATES (Include all dates of the inspection) 11/30/2010		REGIONAL REPRESENTATIVE Ryan Novak, Christine Mchale	
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	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
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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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
233b A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs: (1) Upon a signal from an activated fire alarm system, heat or smoke detector. (2) Power failure to the home. (3) Overriding the electronic or magnetic locking	The home does not have a statement from the manufacturer of the magnetic locks verifying that the locks will release when the fire alarms system is activated, the home's power fails, and when the lock releasing device is operated.	2/3/11	233b Please see attached, documents that was sent from Stanley Security Solutions. The home has obtained a letter from the manufacturer with the required elements.	2/3/11 

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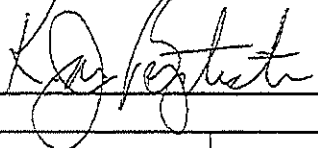

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system by use of a key pad or other lock-releasing device.				

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233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	The directions for operating the home's locking mechanism are not conspicuously posted near the door for the exit key pad in the porch sunroom on the third floor of the home within the Secure Dementia Unit.		233c On 11/30/2010 The sign was replaced near the door for exit key pad in the porch sunroom. Checking for the exit codes has now become apart of the daily rounds. This will be done by PCA and all PC staff.	2/3/11 