

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONCORDIA LUTHERAN HEALTH & HUMAN CARE
LEGAL ENTITY

To operate CONCORDIA AT THE ORCHARD
NAME OF FACILITY OR AGENCY

Located at 1312 NORTH MAIN STREET EXT. BUTLER, PA 16001
(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 60
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 10, 2011 until January 10, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 425060

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.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 28 2011

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

Mr. Brian K. Hortert, Vice President of Assisted Living
Concordia Lutheran Health and Human Care
615 North Pike Road
Cabot, Pennsylvania 16023

RE: Concordia at the Orchard
1312 North Main Street Extension
Butler, Pennsylvania 16001

Dear Mr. Hortert:

As a result of the Department of Public Welfare's licensing inspection on November 30, 2010, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large, stylized "K" and "C".

Kevin T. Casey
Deputy Secretary

Enclosure
License

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

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA AT THE ORCHARD, 1312 NORTH MAIN STREET EXT BUTLER, PA 16001		CURRENT LICENSE NUMBER 425060	
INSPECTION DATES (Include all dates of the inspection) 11/30/2010		REGIONAL REPRESENTATIVE Brenda McAfee, Jan Cutter	
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 <i>Robin L. Crossman</i>	DATE 12-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Cutter (JF)</i>	DATE 12-29-10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The diagnoses resident #1's dated 1/8/10 were HTN, BPH and vascular dementia; however, the medical evaluation dated 1/8/10 indicated diagnoses of H/O cerebral, osteoarthritis, CAD, Atherosclerosis, hypothyroidism, Hyperlipidemia.	12-1-10	Resident #1's assessment was updated with all dx that were present on the MASS. Ongoing plans will include the Resident Care Coordinator or designee will complete monthly chart audits on all resident records. These audits will be part of the quality assurance monitors. Training will be provided to nursing staff to improve understanding and compliance. see attachment (A) for sample audit form. Attachment (B) - retraining form.	12-29-10 <i>JF</i>

Westcott Region
DEC 31 2010
Adult Residential Licensing

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251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	The assessment dated 9/17/10 for resident #2 was not signed by the staff person that completed the assessment.	11-30-10	<p>The assessment for resident # 2 was corrected immediately by having the staff member that completed it sign it.</p> <p>Ongoing plan for correction will include:</p> <ul style="list-style-type: none"> - any new staff member that is responsible for this will be trained on how to complete the forms. - monthly audits include checking for signatures on these forms. (Attachment A) - Retraining done immediately (Attachment B) 	12-29-10

West. Region
55 Pa. Code §2600
Adult Residential Licensing

- Grand Quarterly Quality Assurance to include this monitor.