

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MAPLE VILLAGE, INC.

LEGAL ENTITY

To operate MAPLE VILLAGE

NAME OF FACILITY OR AGENCY

Located at 2815 BYBERRY ROAD, HATBORO, PA 19040

(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 52
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 26, 2011 until February 26, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127910

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 28 2011

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

Ms. Robyn B. Kulp, Executive Director
Maple Village, Inc.
Maple Village
2815 Byberry Road
Hatboro, Pennsylvania 19040

Dear Ms. Kulp:

As a result of the Department of Public Welfare's licensing inspection on December 1, 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 MAPLE VILLAGE, 2815 BYBERRY ROAD HATBORO, PA 19040		CURRENT LICENSE NUMBER 127910	
INSPECTION DATES (Include all dates of the inspection) 12/01/2010		REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Pam Coursey Personal Care Administrator</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>11/14/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michelle Stan</i>	DATE <i>2/15/11</i>

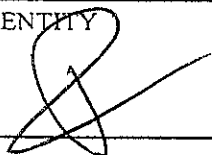
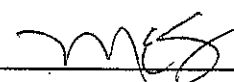
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of 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.	On 12/1/10 the home's current violation report was not posted in a conspicuous and public place in the home.	<i>12/1/10</i>	3c The current violation report has been posted in conspicuous and public area See attachment Monitored by the administrator	<i>MCS 2/15/11</i>


PCH Division
Central Region Field Office

JAN 21 2011

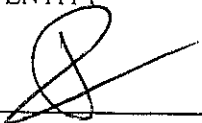
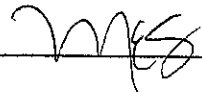
RECEIVED


VIOLATION REPORT
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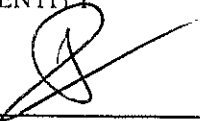
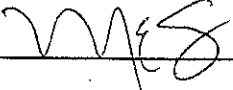
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	<p>On 11/22/10, from 6:00 a.m. to 7:00 a.m., 32 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.</p> <p>On 11/27/10 and 11/28/10, from 6:00 a.m. to 7:00 a.m., 31 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.</p>	63a	<p style="text-align: center; font-size: 1.2em;">12/13/10</p> <p>All staff have been certified in First aide, obstructed airway techniques and CPR 55 PA § 2600 63a. Staff person who worked 11/22/10 and 11/27/10 has s trained as required. (See attachment) To prevent reoccurrence of violation we will audit all staff training record to ensure staff has been certified in first aide, obstructed airway techniques and CPR Monitored by the administrator</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/15/11  Date Initials (DPW)</p>


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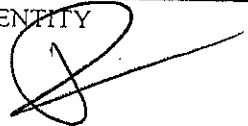
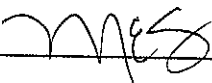
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	The home did not have documentation that the home's emergency procdures were reviewed within the past 12 months.	11/14/11 107d We have submit the emergency preparedness plan to the Philadelphia emergency Management agency as required. To prevent reoccurrence of the violation the administrator will send updated emergency preparedness plan to the Philadelphia emergency management agency yearly. (See Attachment 7) Monitored by the PC administrator	 2/15/11

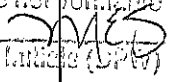
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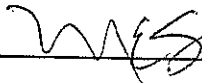
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190c A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	The home did not have the required documentation for staff person A and B regarding on-going medication administration record review and observation training.	<p style="text-align: center; font-size: 1.2em;">12/3/10 - 12/15/10</p> <p>190c Staff persons A and B have completed the on going medication administration record review and observation training See attachment) To prevent reoccurrence of violation medication administration record review and observation training will reviewed monthly by the practicum observer. Monitored by the administrator</p>	 2/15/11

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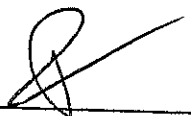
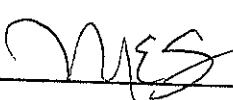
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Resident #2 has an order for <i>Oxycodone</i> to be given one tablet 3 times daily as needed. <i>Oxycodone</i> was administered to Resident #2 on 11/25/10 at 11:00am. According to the home's medication policy, the controlled substance count sheet was completed. However, the front page of the resident's Medication Administration (MAR) did not include the initials of the staff person that administered the medication. The 7:00am dose of <i>Levothyroxin</i> for Resident #2 was not initialed on 11/28/2010. The 8:00am dose of <i>Aricept, Namenda, Vitamin B-12, Folic Acid, Viactiv, Ensure and Miralax</i> for Resident #2 was not initialed on 11/28/2010. The <i>Novolin</i> 6 units daily before lunch for Resident #3 was not initialed on 12/1/10. Staff person reported that the medication was given. The bedtime dose of <i>Ativan</i> for Resident #4 was not initialed on 11/12/10. The 8:00am dose of <i>Ferrous Glu</i> for Resident #5 was not initialed on 12/1/10.	187a	12/2/10 - Staff retrained on proper procedure of documentation of the medication administration record. To prevent reoccurrence reviewed violation with direct staff. (See Attachment) MAR's will be reviewed daily by Med Tech's. Monitored by Lead Med Tech. monitored by the administrator	Steps have been taken to correct violation; full compliance is not verifiable 2/15/11 

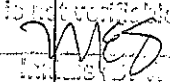
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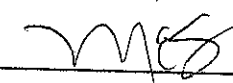
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Staff person C administered medications to residents the morning of 12/1/10. Staff person C did not sign the master key for December 2010.	12-2-10	In accordance with 187a the staff person's C has signed the master key log. To prevent reoccurrence reviewed violation with direct staff will be in-serviced and master key log will be reviewed at the beginning of each month to ensure the master log and has been signed by all med. Tech. (See Attachment 14) Monitored by the administrator	

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187d The home shall follow the directions of the prescriber.	On 11/22/10, Resident #3's blood sugar was 231. According to the doctor's sliding scale, Resident #3 should have received 2 units of Novolin. There was no documentation that Resident #3 received the Novolin.	187d	Medication shall be given as per physician orders by the med tech Insulin shall be given as per sliding scale. To prevent reoccurrence retrained staff on proper documentation of the medication administration record.Mar's will be reviewed daily by med tech's Monitored by the administrator	Steps have been taken to correct violation full compliance to be verified by 2/15/11  Date Initials (JES)

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The assessment for resident #1, dated 3/1/10, indicates the resident has a need for speech, occupational, and physical therapy. The resident's support plan, dated 3/10/10, does not document how this need will be met.	227a 12-1-10	This was corrected the day of inspection resident #1 support plan has been updated and states that has received speech, occupational and physical therapy. To prevent reoccurrence reviewed violation assessment and support plans will be reviewed monthly for compliance. Monitored by the administrator	Steps have been taken to correct violation, full compliance is not verifiable 2/15/11 Date Initials (DRW)