

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ASBURY ATLANTIC, INC.

LEGAL ENTITY

To operate SPRINGHILL SENIOR LIVING COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 2323 EDINBORO ROAD, ERIE, PA 16509

(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 44
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 28, 2011 until February 28, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 425550

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

Mr. James G. Schneider, Vice President
Asbury Atlantic, Inc.
20030 Century Boulevard, Suite 300
Germantown, Maryland 20874

RE: Springhill Senior Living Community
232 Edinboro Road
Erie, Pennsylvania 16509

Dear Mr. Schneider:

As a result of the Department of Public Welfare's licensing inspection on December 13, 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

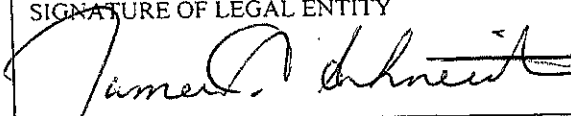
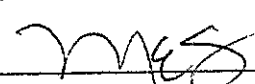
Enclosures
License
Violation Report

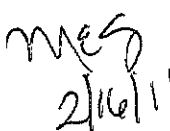
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SPRINGHILL SENIOR LIVING COMMUNITY, 2323 EDINBORO ROAD ERIE, PA 16509		CURRENT LICENSE NUMBER 425550	
INSPECTION DATES (Include all dates of the inspection) 12/13/2010		REGIONAL REPRESENTATIVE Diane Whitney, Alden Linhart, Lindsey Wislie	
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>James D. Schmitt</i>	DATE 1-14-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael [Signature]</i>	DATE 2/16/11

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
103g Food shall be stored in closed or sealed containers.	In the commercial freezer in the kitchen, the following items were opened but not sealed - chicken tenders, chicken wings, corn, steak fajitas, vegetables, biscuits and french fries.		An Educational was administered by [Redacted] (Director of Dining) and [Redacted] (Exec Chef) to all Kitchen staff reviewing Policies and Procedures on storage, sealing and labeling and dating of food products. In addition to an interactive educational session on Receiving and Storing Food was presented by [Redacted] to the Kitchen staff on 1/12/2011	MCS 2/16/11
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 12-13-2010, there was an accumulation of lint on the hoses and outside cabinet of the two commercial dryers and stack washer/dryer in the laundry room. PCH Division Central Region Field Office JAN 20 2011 RECEIVED	1/12/2011		1/12/2011 error PE

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105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 12-13-2010, there was an accumulation of lint on the hoses and outside cabinet of the two commercial dryers and stack washer/dryer in the laundry room.	1/21/2011	The rear of the clothes dryers (outer surface) will be placed on a weekly cleaning schedule and documentation will be maintained in the laundry. We presently meet 105g1 as worded. Staff will be trained to meet the standard.	

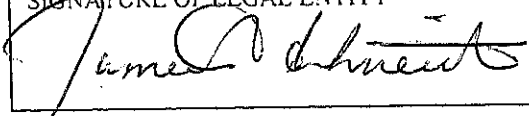
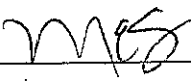
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Resident #2 was prescribed Ciprofloxacin .3% - instill one drop into the left eye four times a day for three days. The handwritten entry in medication administration record did not specify which eye the drop should be administered in. The home could not verify which eye the drop was administered in.	1/10/11	<p>Education was provided to all nurses regarding medication administration. Medication administration policy reviewed with staff. Verbalized understanding.</p> <p>Nurses will have new policy implemented - started 1/10/11 in which nurse who transcribes physician order will initial + date the order. Order will be placed in rack in nursing office for next shift nurse to verify correct transcription of order. 2nd nurse will sign orders to identify verification.</p> <p>Quaterly reviews will be done to verify compliance with medication</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/16/11 Date <i>[Signature]</i> Initials (DPW)</p>

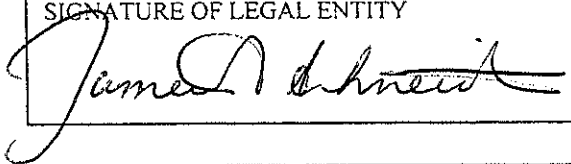
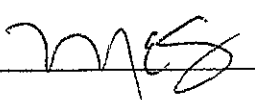
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>orders for accuracy. These reviews will be done under the direction of the Director of Health Services.</i>	

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Resident #1 was prescribed Preservision Areds Gelcaps twice daily -9:00am and 5:00pm. The medication administration record was initialed only for the 5:00pm dose from 12-1-2010 through 12-12-2010.	1/10/11	Education was provided to all nurses regarding medication administration. Medication administration policy reviewed with staff. Quarterly reviews will be done to verify compliance with medication administration. This will be done under the direction of the Director of Health Services.	2/16/11  Initials (L/W)

Steps have been taken to correct violation; full compliance is not verifiable
2/16/11
Initials (L/W)