

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BIBLE FELLOWSHIP CHURCH HOMES, INC.

LEGAL ENTITY

To operate FELLOWSHIP TERRACE

NAME OF FACILITY OR AGENCY

Located at 3010 FELLOWSHIP DRIVE, WHITEHALL, PA 18052

(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 101  
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 23

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 25, 2011 until February 25, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216480**

*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

MAR 16 2011

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

Ms. Donna J. Conley, Executive V.P. of Operations  
Bible Fellowship Church Homes, Inc.  
3000 Fellowship Drive  
Whitehall, Pennsylvania 18052

RE: Fellowship Terrace  
3010 Fellowship Drive  
Whitehall, Pennsylvania 18052

Dear Ms. Conley:

As a result of the Department of Public Welfare's licensing inspection on December 16, 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 "Ronald Melusky".

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

Page 1 of 6

NAME AND ADDRESS OF PERSONAL CARE HOME FELLOWSHIP TERRACE, 3010 FELLOWSHIP DRIVE WHITEHALL, PA 18052		CURRENT LICENSE NUMBER 216480	
INSPECTION DATES (Include all dates of the inspection) 12/16/2010	REGIONAL REPRESENTATIVE Florence Babiarz, Michele Moskalczyk, Gerald Dumas		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Donna Conley, Executive Vice President</i>			
SIGNATURE OF LEGAL ENTITY <i>Donna Conley</i>	DATE 2-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donna Conley</i>	DATE 2-11-11

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	An enabler bar measuring approximately 12" by 12" was attached to the right side of the bed in room 265.	2/2/2011	A transfer assist rail with cover to prevent entanglement was purchased and installed on the bed. Picture of rail / cover attached	2-11-11 Initials (DPW)
123a Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.	The 1st floor Market Place emergency exit was locked with a key pad device.	2-16-11	Administrators to in Service Homekeeping and DIRECT CARE STAFF by 2-16-11 on identifying and bring to the attention of the Adm. ANY identified Resident bed numbers	2-11-11
		12/16/2010	A picture frame containing the code used to release the push bar on the door in the event of emergency was posted at the exit. Picture of codes attached.	2-11-11
		2-11-11	Per Tel call to Adm [redacted] other date. Administrator will ensure that key pad device code is present at all times at the exit and will disengage whenever the Home for sleep goes off	2-11-11

**RECEIVED**

FEB 04 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing

Compliance is not verifiable  
 Initials (DPW)  
 2-11-11  
 have been taken to  
 next violation; full  
 compliance is not verifiable  
 in the selected  
 Higher not fully  
 check to please by  
 DCU  
 2-11-11  
 or there was long process to the Home  
 DCU 2-11-11

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

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SIGNATURE OF LEGAL ENTITY <i>Donna J. Conley</i>	DATE 2-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diana Colance</i>	DATE 2-1-11

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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse, practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Direct resident care staff person "A" fills out resident medical evaluations completely and forwards the medical evaluation to the resident's physicians for their signature and date.	12/19/2010	Facility physician was informed of the regulatory guidelines for completion of Medical Evaluations. A Nurse Practitioner has been hired to assist the facility physician to complete resident medical evaluations. Staff person "A" shall no longer complete medical evaluations.	
		2-11-11 and ongoing	<p>For Tele call to Adm. [redacted] this date. Administrator in service staff including new certified Nurse practitioner that handles medical evaluations are not to be completed prior to a resident having a medical evaluation completed by their physician. Administrator will review all medical evaluations to be completed so that they are not completed in advance of the actual medical evaluation.</p> <p>2-11-11 DCU</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2-11-11 Date Initials (DPW)</p>

Medical Evaluation DCU 2-11-11  
Staff to be reviewed by 2-16-11. DCU

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

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NAME AND ADDRESS OF PERSONAL CARE HOME FELLOWSHIP TERRACE, 3010 FELLOWSHIP DRIVE WHITEHALL, PA 18052		CURRENT LICENSE NUMBER 216480	
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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>Jonna J. Carney</i>	DATE 2-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Valera</i>	DATE 2-11-11

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
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #1 resides in the homes secured dementia unit. The medical evaluation dated 9-10-10 does not address the need for the SDU or its services for this resident.	12/20/2010	The medical evaluation for resident #1 was amended to indicate the need for dementia care. See dated and initialed copy attached.	
		2-11-11 <i>And ongoing</i>	<i>Per Tele Call to Adm. [redacted] this DATE, the DIRECTOR OF Resident Care will be responsible to review each medical evaluation to ensure that there is proper documentation on the respective resident medical evaluation that addresses the resident's need to be served in a secured dementia unit. The Administration will review each new admission medical evaluation and any annual or updated resident medical evaluation to check that resident diagnosis</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date: 2/11/11 Initials: (DPW)

*And needs can be served in a secured dementia unit  
2-11-11*

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

NAME AND ADDRESS OF PERSONAL CARE HOME FELLOWSHIP TERRACE, 3010 FELLOWSHIP DRIVE WHITEHALL, PA 18052		CURRENT LICENSE NUMBER 216480	
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SIGNATURE OF LEGAL ENTITY <i>Donna J. Corney</i>	DATE 2-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dianne C. Valance</i>	DATE 2-11-11

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
231f In addition to the requirements in 225, the resident shall also be assessed annually for the continuing need for the secured dementia care unit.	The assessments for resident #2 dated 4-6-10 and resident #3 dated 8-16-10 does not address the need for services in the secured dementia unit for these residents.	12/20/2010	Resident assessments for residents #2 and #3 have been updated to indicate the required dementia unit services indicated on their medical evaluation. Amended, dated and signed copies attached	Steps have been taken to correct violation; full compliance is not verifiable Date: 2-11-11 Initials (DPW): <i>D.C.V.</i>
		2-11-11 and on-going	<i>Per tele call with Adm [redacted] this date. Director of Resident CARE SERVICES will complete all resident assessments. Resident CARE SERVICES Director will assess whether or not the specific resident does or does NOT HAVE A NEED FOR SERVICES IN THE HOME'S SECURED Dementia UNIT. The administration will review each newly prepared resident assessment to per Admission AND AS NEEDED TO ENSURE THAT RESIDENTS ARE ASSESSED AND THE NEED FOR SERVICES ARE SECURED</i>	

*2/11/11*

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

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SIGNATURE OF LEGAL ENTITY <i>Jonna J. Carney</i>	DATE 2-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Colaree</i>	DATE 2-11-11

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
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	The support plans for the following residents do not address the need for secured dementia unit services for these residents as required. Resident #4 support plans dated 6-15-10 and 7-1-10. Resident #2 support plan dated 4-6-10. Resident #3 support plan dated 8-16-10.	12/20/2010	Support plans for residents #2, 3, 4 have been updated to indicate the dementia unit care services indicated on their medical evaluations. Amended, signed and dated copies attached.	
		2-11-11 AND ON-SITE	<p><i>Per Tele call w/ Administrator [redacted] this date - Director of Resident Services will complete all resident support plans AND ENSURE that all of the residents needs for care are addressed correctly and timely.</i></p> <p><i>The administrator and/or Bi-Vice Resident will review each newly completed resident support plan to make sure each plan is accurate and complete and clearly address the needs of residents including</i></p> <p><i>but no limited to support plans for residents requiring services in a secured dementia unit</i></p>	<p>Steps have been taken to correct violation full compliance is not verifiable</p> <p>Date: 2-11-11 Initials (DPW): <i>DPW</i></p>

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

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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.	Records of active residents were not legible and difficult to read.	12/20/2010	The hand writing of the staff person completing assessments and support plans was addressed and has improved on required documentation. Recently completed document attached	DCV 2-11-11
		2-11-11 and on-going	Pa. Tel call w/ Adm [redacted] this date the Administrator and/or the Ex. Vice-President will do monthly reviews of ALL resident records in their custody to ensure that all records contain resident information that is permanent, legible and is dated and signed by the person making entries into the resident record.	DCV 2-11-11

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FEB 04 2011

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