

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HEATHERWOOD RETIREMENT INVESTORS, LLC
LEGAL ENTITY

To operate HEATHERWOOD RETIREMENT COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 3180 HORSESHOE PIKE, HONEY BROOK, PA 19344
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 50
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 15, 2011 until February 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 104550

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

Ms. Cindy S. Cross, Assistant Secretary
Heatherwood Retirement Community, LLC
3570 Keith Street NW
Cleveland, Tennessee 37312

RE: Heatherwood Retirement Community
3180 Horseshoe Pike
Honey Brook, Pennsylvania 19344

Dear Ms. Cross:

As a result of the Department of Public Welfare's licensing inspection on December 20, 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

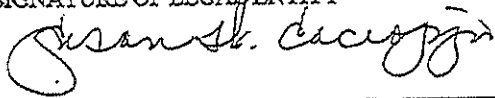

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page 1 of 8

NAME AND ADDRESS OF PERSONAL CARE HOME HEATHERWOOD RETIREMENT COMMUNITY, 3180 HORSESHOE PIKE HONEY BROOK, PA 19344		CURRENT LICENSE NUMBER 104550	
INSPECTION DATES (include all dates of the inspection) 12/20/2010		REGIONAL REPRESENTATIVE Chevon Mitchell, Christine McHale, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Susan W. Cacioppo, General Manager, Personal Care Admin.</i>			
SIGNATURE OF LEGAL ENTITY <i>Susan W. Cacioppo</i>	DATE 1/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/28/11

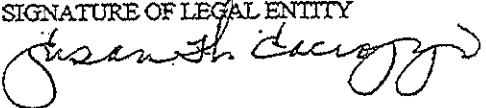
REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c12 (12) Charges to the resident for holding a bed during hospitalization or other extended absence from the home.	The contracts for residents #1 dated 11/16/10, #2 dated 4/22/10 and #3 dated 9/11/10 do not include the charges for holding a bed during an absence.	1/18/11 <i>[Signature]</i>	<p><u>Specific Δ:</u> Obtain signed addendum to contract for residents #1, #2, #3</p> <p><u>Who will make Δ:</u> Resident Services Supervisor</p> <p><u>When will Δ be made:</u> Addendums to contract will be signed by 1/18/2011.</p> <p><u>How will Δ be made:</u> present addendum to resident/POA, explain content, obtain signature, place original in resident chart, provide copy to resident POA</p> <p><u>System implemented:</u> Addendums to all other contracts signed since 4/17/2010; Amend contract for all new admissions to include charges for holding bed during absence.</p> <p><u>Training for staff:</u> Eliminate existing contract and substitute corrected contract.</p>	1/28/11 <i>LHH</i>

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S4a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A does not have a high school diploma, GED diploma, or active registration on the Pennsylvania nurse aid registry.	12/20/10 LPH 1/20/11	<p><u>Specific A:</u> This staff person has been temporarily transferred to dining services as a prep cook until diploma can be translated and authenticated and waiver obtained from DAW. Who will make A: General Manager When will A be made: change was implemented on 12/20/10. How will A be made: as stated with specific A above. <u>System implemented:</u> All non-US diplomas will be presented to General Manager before hiring associate. Waiver will be obtained before hiring. <u>Training for staff:</u> Resident care director & Business Office Manager trained on system. *Staff person has German H.S. diploma</p>	2/4/11 LPH

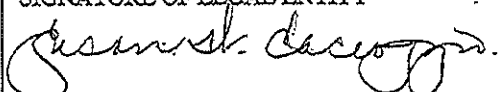
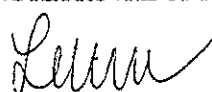
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services with reasonable skill and safety.				

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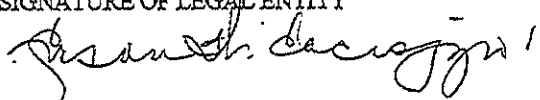
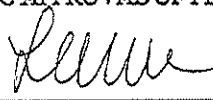
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On: 12/20/10 there was no thermometer in the ice cream freezer in the kitchen.	12/20/10 <i>LMT</i> 12/20/10	<u>Specific Δ: thermometer placed in freezer on 12/20/10</u> <u>Who will make Δ: General Manager</u> <u>When will Δ be made: done 12/20/10</u> <u>How will Δ be made: thermometer placed in freezer 12/20/10</u> <u>System implemented:</u> Adopt policy for community - re: all refrigerators/freezers in commercial use will have thermometer in place and checked with temperature logs. <u>Training for staff: Dining Services associates will be trained on policy Δ.</u>	2/4/11 <i>LMT</i>

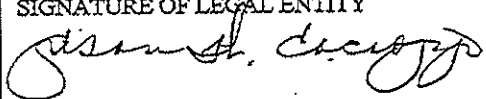
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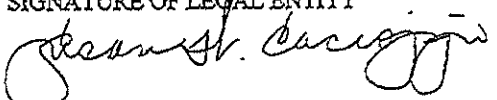

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (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 the strength for medications Colace and Lidoderm Patch.	12/21/11 WRT 1/28/11	<p><u>Specific A:</u> MAR for resident #4 corrected to reflect strength for both medications.</p> <p><u>Who will make A:</u> Resident care director</p> <p><u>When will A be made:</u> done</p> <p>12/21/11</p> <p><u>How will A be made:</u> Correct strength for each medication added to corresponding medication on MAR</p> <p><u>System implemented:</u> RN/LPN will check all MAR's in the last week of each month to review upcoming month's MAR's to verify medication, generic name, dose, strength and route are documented.</p> <p><u>Training of staff:</u> Reinforce with all staff necessity of verifying 5 Rights on all medications at February Inservice.</p>	2/4/11 LPH

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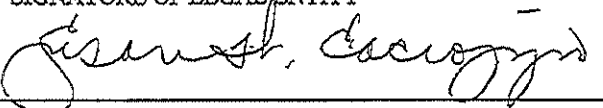
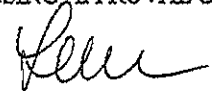
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				


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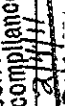
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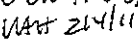
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for residents #1 dated 11/5/10 and #2 dated 4/20/10, do not include a determination that the home can meet the services needs of the residents.	12/20/10 LPH 12/11	<p><u>Specific A: Pre admission forms for residents #1 and #2 were corrected to reflect the homes ability to meet their needs.</u></p> <p><u>Who will make A: Resident Care Director</u></p> <p><u>When will A be made: Done 12/20/10</u></p> <p><u>How will A be made: Boxes checked "Yes"</u></p> <p><u>System implemented: Pre-admission forms will be double checked by both personal care administrators to make sure appropriate boxes are checked.</u></p> <p><u>Staff training: Reinforce system of checks and balances to double check state forms.</u></p>	2/4/11 LPH

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #4's medical evaluation dated 6/3/10 states that the resident is unable to move from one location to another without oral prompting. The resident's assessment dated 7/6/10 states the resident does not have mobility needs.	4/3/11 2/4/11 	<p><u>Specific A</u>: For 2011 medical evaluation, educate physician on DPW interpretation of specific mobility needs. Make sure 2011 assessment agrees with medical evaluation.</p> <p><u>Who will make A</u>: Resident care director</p> <p><u>When will A be made</u>: June 2011</p> <p><u>How will A be made</u>: Provide physician with written explanation of DPW mobility guidelines. Resident care director will review upon completion and address necessary changes with physician. Assessment will correlate</p> <p><u>System Implemented</u>: Above system will be applied to all medical evaluations & assessments</p> <p><u>Staff Training</u>: Reinforce with staff need for double checking all DPW forms.</p>	

Steps have been taken to correct violation; full compliance is not verifiable
 Initials: (DPW) 
 Date: 2/4/11

Resident #4's physician refuses to change or re-do the existing med evaluation.  2/4/11