

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WILLOW VALLEY RETIREMENT COMMUNITIES

To operate THE GLEN AT WILLOW VALLEY

Located at FLOORS 1 AND 3, 675 WILLOW VALLEY SQUARE, LANCASTER, PA 17602

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

The total number of persons which may be cared for at one time may not exceed 106
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40

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

and shall remain in effect from February 10, 2011 until February 10, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321910

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

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEB 17 2011

Ms. Kendall Keech-Hunsicker, Vice President of Healthcare Services
Willow Valley Retirement Communities
600 Willow Valley Square
Lancaster, Pennsylvania 17602

RE: The Glen at Willow Valley
Floors 1 and 3
675 Willow Valley Square
Lancaster, Pennsylvania 17602

Dear Ms. Keech-Hunsicker:

As a result of the Department of Public Welfare's licensing inspection on December 20, 2010 and December 21, 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.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

Since this is a reduction in the previous licensed capacity, you have the right to appeal this decision through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'R Melusky', with a stylized flourish at the end.

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 THE GLEN AT WILLOW VALLEY, 675 WILLOW VALLEY SQUARE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 321910	
INSPECTION DATES (Include all dates of the inspection) 12/20/2010		REGIONAL REPRESENTATIVE Thomas Roth, Merianne O'Malley	
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>Lena Slutcherson</i>	DATE 1/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE 2/4/11

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
107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	The home's written emergency procedures have not been updated since 10/09/09.		<i>I respectfully request this violation be withdrawn. I have attached documentation showing the Emergency Management plan was reviewed by Willow Valley and sent to the West Lancaster Township 9/30/10. Will be sent each year + Rept in location known to Administration.</i>	2/4/11 <i>CB</i>
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The home did not evacuate all of the residents from the fire drill area during the fire drill on 11/23/10. Only 28 of the 29 residents in the area were evacuated.	1/1/11	<i>The resident that did not participate in the fire drill has dementia and was unable to understand the need to evacuate. This resident was transferred to a secure dementia unit prior to the survey. As of 1/1/11 all residents will be reviewed.</i>	Steps have been taken to correct violation; full compliance is not verifiable. 2/4/11 <i>CB</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE GLEN AT WILLOW VALLEY, 675 WILLOW VALLEY SQUARE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 321910	
INSPECTION DATES (Include all dates of the inspection) 12/29/2010		REGIONAL REPRESENTATIVE Thomas Roth, Merianne O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) KENDALL KEECH-HUNSICKER, NHA VICE PRESIDENT OF HEALTHCARE			
SIGNATURE OF LEGAL ENTITY <i>Kendall Keech-Hunsicker</i>		DATE 2/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyrl Bomberg</i>
			DATE 2/4/11

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																																																																	
	<table border="1"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Excess Time</th> <th>PSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td>00/22/2010</td><td>08:57 PM</td><td>5min, 48sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/30/2010</td><td>11:10 PM</td><td>6min, 51sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/20/2010</td><td>01:29 PM</td><td>5min, 50sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/22/2010</td><td>07:37 PM</td><td>4min, 51sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/13/2010</td><td>11:23 PM</td><td>7min, 12 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/23/2010</td><td>02:21 PM</td><td>3min, 47 sec</td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Excess Time	PSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun	00/22/2010	08:57 PM	5min, 48sec	No	Jul	07/30/2010	11:10 PM	6min, 51sec	No	Aug	08/20/2010	01:29 PM	5min, 50sec	No	Sep	09/22/2010	07:37 PM	4min, 51sec	No	Oct	10/13/2010	11:23 PM	7min, 12 sec	No	Nov	11/23/2010	02:21 PM	3min, 47 sec	No	Dec				No		<p>daily during shift report for any change in mobility. A plan of care will be developed and documented on the support plan. All residents with potential mobility issues will be identified on the fire checklist along with a plan of care for safe evacuation. The administrator or administrator designee will audit the fire drill checklist weekly for compliance. The day change nurse, evening change nurse, supervisor and administrator will must verify compliance all resident issues.</p>	
Month	Date	Time	Excess Time	PSE																																																																	
Jan				No																																																																	
Feb				No																																																																	
Mar				No																																																																	
Apr				No																																																																	
May				No																																																																	
Jun	00/22/2010	08:57 PM	5min, 48sec	No																																																																	
Jul	07/30/2010	11:10 PM	6min, 51sec	No																																																																	
Aug	08/20/2010	01:29 PM	5min, 50sec	No																																																																	
Sep	09/22/2010	07:37 PM	4min, 51sec	No																																																																	
Oct	10/13/2010	11:23 PM	7min, 12 sec	No																																																																	
Nov	11/23/2010	02:21 PM	3min, 47 sec	No																																																																	
Dec				No																																																																	