

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARIS GROVE, INC.

LEGAL ENTITY

To operate RENAISSANCE GARDENS AT MARIS GROVE

NAME OF FACILITY OR AGENCY

Located at 1ST AND 3RD FLOORS, 500 MARIS GROVE WAY, GLEN MILLS, PA 19342

(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 66  
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 March 10, 2011 until March 10, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134660

*Robert E. Robinson*

ISSUING OFFICER

*R. C. [Signature]*

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 14 2011

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

Ms. Julie L. Heeter, Administrator  
Maris Grove, Inc.  
Renaissance Gardens at Maris Grove  
500 Maris Grove Way  
Glen Mills, Pennsylvania 19342

Dear Ms. Heeter:

As a result of the Department of Public Welfare's licensing inspection on January 13, 2011 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', with a stylized flourish at the end.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

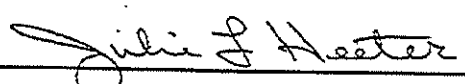
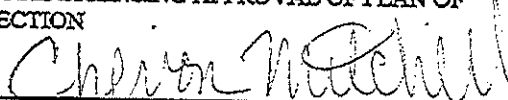
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

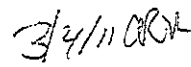
Page 1 of 15

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Julie L Heeter, Personal Care Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Julie L Heeter</i>	DATE <i>1/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>3/4/11</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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>Resident #1 is prescribed Aricept 10mg at 9pm. On 1/10/2011 and 1/11/2011 the medication was not administered to resident #1. The MAR states the medication "was out of stock." The medication error was not reported to the Department.</p> <p>Resident #2 is prescribed Fluticasone Propionate - 2 sprays to each nostril at bedtime. On 1/6/2011 and 1/7/2011 the medication was not administered to resident #2. The MAR states the "medication was not available." The medication error was not reported to the Department.</p> <p>Repeated Violations: 03/15/2010</p>	<p>1/21/11</p> <p>1/19-1/20/11</p> <p>1/17/11 &amp; Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Resident #1 and #2 missed doses of medication. While their designated persons and physicians were made aware, this was not reported as a reportable incident.</p> <p>Please find attached the two reportable incident reports for Resident #1 and #2- Attachments A+B</p> <p>An audit of 100% of the MARs for the last month was completed to ensure that any reportable events were submitted as required</p> <p>Nursing staff received training regarding the reporting requirements for medication errors to DPW</p> <p>Administrator or designee will review 100% of MARs daily for 4 weeks then 3x/week for 3 months to ensure compliance</p> <p>Staff education and/or counseling for repeat occurrences</p> <p>Negative findings to be reported at our monthly QA meeting</p>	<p>Steps have been taken to correct violation, in compliance with verifiable</p> <p><i>3/4/11</i> Date</p> <p><i>CHM</i> Initials (DPW)</p>

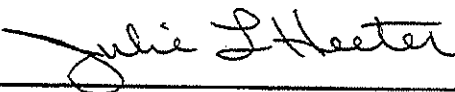
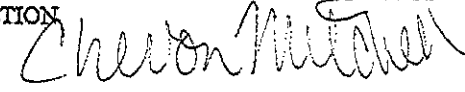
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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 	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/4/11

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident #1 dated 11/16/09 and the contract for resident #3 dated 11/10/09 were not signed by the residents.	1/13/11	Resident #1 and #3's designated person and payors had signed the contracts but not the resident.  Contracts for Residents #1 and #3 were signed by these residents during the inspection. Signatures were obtained by the Administrator and a copy of the signed contract given to the residents. Attachments C&D	3/4/11 
		1/18/11	Contracts for ALL personal care residents have been audited to ensure each resident has signed. Audit completed by Admissions. Attachment E	
		Ongoing	After the Resident, their designated person (if any) and the payor have signed the contract, it will come to the Administrator (rather than a designee) for signature. The Administrator will ensure all spots requiring a signature have been completed.	
		Ongoing	Administrator or designee to complete 100% audit of all new resident contracts x 3 months, then quarterly to ensure all contracts are signed appropriately.	
		1/27/11 & Ongoing	Negative findings to be reported at our monthly QA meetings.	

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

Page 3 of 13

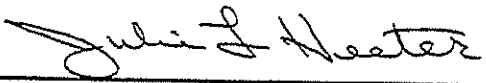
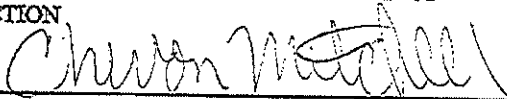
NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/4/11

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
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #1 and resident #3 did not sign a statement verifying that they were presented with a copy of their resident rights and complaint procedures.  Repeated Violations: 03/15/2010	1/13/11  1/18/11  Ongoing  Ongoing	Resident rights and complaint procedures are reviewed during the admission process. When residents sign their contract that indicates the information has been reviewed with them and that they have received a copy This process is completed by Admissions.  Contracts for Residents #1 and #3 were signed by these residents during the inspection. Signatures were obtained by the Administrator and a copy of the signed contract given to the residents. Attachments C&D  A onetime 100% audit of all current resident contracts was conducted to ensure all signatures are present. Attachment E  After the Resident, their designated person (if any) and the payor have signed the contract, it will come to the Administrator (rather than a designee) for signature. The Administrator will ensure all spots requiring a signature have been completed.  Administrator or designee to complete 100% audit of all new resident contracts x 3 months, then quarterly to ensure all contracts are signed appropriately.	3/4/11 CRM

Ongoing      Negative findings to be reported at our monthly QA meetings.

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

Page 4 of 13

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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 	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/4/11

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
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.	The home does not have any staff trained in First Aid working in the home from 6pm - 7am.	1/14/11	The personal care home is attached to a skilled nursing unit that has licensed nurses on duty 24/7, our campus is also monitored by security guards that are trained EMTs.	3/4/11 OEP
		1/28/11	A one time 100% audit of staff training in first aid was conducted Five PCH direct care staff are certified in first aid, please see attached cards. Attachment F	
		2/15/11	Training held on 1/28 and 12 staff were certified in first aid. Attachment F2	
		2/15/11	By 2/15 the remaining 5 staff will be certified. After 2/15, all new direct care staff will be first aid certified prior to working on the unit	
		1/14/11-2/15/11	Administrator will monitor schedule daily through 2/15/11 to ensure at least one staff for every 50 residents is on duty at ALL times	
		Ongoing	Administrator or designee will audit expiration dates every 3 months and schedule trainings as needed to keep all staff current.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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>Julie J. Heeter</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christina Mitchell</i>	DATE 3/4/11

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person A; whose first day of work was 12/6/10 did not receive orientation in general fire safety and emergency preparedness until 12/7/10.  Staff person B; whose first day of work was 11/3/10 did not receive orientation in general fire safety and emergency preparedness until 11/15/10.  Staff person C; whose first day of work was 8/30/10 did not receive orientation in general fire safety and emergency preparedness until 9/8/10.  Repeated Violations: 03/15/2010	1/24/11   1/19/11 & Ongoing   Ongoing	Staff person B attended medication training on 11/3 and 11/4- not in Renaissance Gardens. She started her classroom orientation in RG on 12/6/10 and received fire safety and emergency preparedness on 12/7 Staff person C began her employment with Maris Grove on 8/30/10 but did not work in or perform duties for Renaissance Gardens. She began her RG classroom orientation on 9/7/10 and she received fire safety and emergency preparedness on 9/8/10  General fire safety and emergency preparedness training is now being covered during the first day of Renaissance Gardens' classroom orientation. Please see revised agenda- Attachment G  Monthly audits of training records will be conducted every month for the next 12 months by the Administrator for all new staff to ensure compliance with education requirements for fire safety and emergency preparedness as well as the topics required in the first 40 hours.  Negative findings will be reported at our monthly QA meeting	Steps have been taken to correct violation; full compliance is not verifiable 3/4/11 Date Initials (DPW) <i>[Signature]</i>

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

Page 6 of 13

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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>Julie S. Heeter</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 3/4/11

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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.		Ongoing	The Administrator will maintain a list of all new hires that includes the employees date of hire, date they attend 'new employee orientation' and the date they've completed 40 hours of work.  Attachment L	

03/03/2011 THU 16:45 FAX

0007/071

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

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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>Julie F. Heeter</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 3/4/11

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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (4) Reporting of reportable incidents	Staff person B; whose first day of work was 11/3/10 did not receive orientation in Resident Rights, Emergency Medical Plan, Mandatory Reporting of abuse and neglect under the Older Adult Protective Services Act, and Reporting of incidents and conditions until 11/15/10. The orientation was not completed within staff person B's first 40 working hours.  Staff person C; whose first day of work was 8/30/10 did not receive orientation in Resident Rights, Emergency Medical Plan, Mandatory Reporting of abuse and neglect under the Older Adult Protective Services Act, and Reporting of incidents and conditions.  Repeated Violations: 03/15/2010	Ongoing  Ongoing	Staff person B attended 9 hours of training on 11/3 and 11/4 for the medication administration course. She did not work again until 11/15/10 when she attended classroom orientation through Thursday, 11/18. All required topics were covered prior to her completing her first 40 hours. Attachment H  Staff person C began employment with Maris Grove on 8/30/10. She was neither physically present nor performing duties for Renaissance Gardens until 9/7/10. All required topics were covered within her first 40 hours at Renaissance Gardens as indicated on sign in sheets. Sign in sheets were 2 pages so all topics covered were listed, employees signed only page 1 for the day attended. Attachment I  Facility will continue to provide the required topics to new staff within the first 40 hours of work.  Monthly audits of training records will be conducted every month for the next 12 months by the Administrator for all new staff to ensure compliance with education requirements for fire safety and emergency preparedness as well as the topics required in the first 40 hours	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date: 3/4/11 Initials (DPW)

Ongoing

Negative findings will be reported at our monthly QA meeting

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

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesso Hummel, Michelle Morton	
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>Julie L. Hester</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 3/4/11

REGULATION 55 Pa.Code §2600 and conditions.	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
		Ongoing	The Administrator will maintain a list of all new hires that includes the employees date of hire, date they attend 'new employee orientation' and the date they've completed 40 hours of work.  <i>Attachment L</i>	

03/03/2011 09:16:45 FAX

0009/071

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

Page 9 of 13

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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>Julie J. Hester</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 3/4/11

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
1885 A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	On 1/10/2011 and 1/11/2011 resident #1's prescribed medication Aricept 10mg was not administered. The home does not have documentation that they notified the prescribing physician that resident #1 did not receive the medication.	Ongoing	The physician was made aware on 1/10/11 at 10am that resident #1 would not be receiving her Aricept at 9pm that evening due to the pharmacy not sending it until they receive authorization from her insurance company. The physician advised the nurse to resume medication when it arrives. This was noted in a verbal order as well as the nurse's notes. <i>Attachment J</i>  The staff will continue to notify the physician and the designated person prior to the scheduled dose if a medication is not available.	Steps have been taken to correct violation; full compliance is not verifiable <i>JLH</i> Date Initials (DPW)

03/03/2011 THU 16:45 FAX

0010/071

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

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 1S4662	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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>Julie J Heeter</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 3/4/11

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
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #1 and resident #3 have not been educated of their resident right to question or refuse a medication if they believe that there may be a medication error.	1/13/11	The resident's right to question or refuse a medication is reviewed during the admission process. When residents sign their contract that indicates the information has been reviewed with them and that they have received a copy. This process is completed by Admissions.	3/4/11 <i>CM</i>
		1/18/11	Contracts for Residents #1 and #3 were signed by these residents during the inspection. Signatures were obtained by the Administrator and a copy of the signed contract given to the residents. Attachments C&D	
		Ongoing	A onetime 100% audit of all current resident contracts was conducted to ensure all signatures are present. Attachment E After the Resident, their designated person (if any) and the payor have signed the contract, it will come to the Administrator (rather than a designee) for signature. The Administrator will ensure all spots requiring a signature have been completed.	
		Ongoing	Administrator or designee to complete 100% audit of all new resident contracts x 3 months, then quarterly to ensure all contracts are signed appropriately.	
		Ongoing	Negative findings to be reported at our monthly QA meetings.	

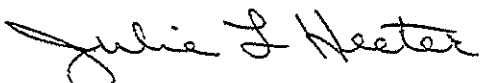

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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>Julie J Heeter</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Mitchell</i>	DATE 3/4/11

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
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 did not include initials that the prescribed medication, Metoprolol Tartrate 25mg was administered on 1/8/2011.	1/14/11  1/21/11  1/17/11 & Ongoing  Ongoing  Ongoing	Resident #4 did receive the medication as evidenced by the initialed and dated blister pack  Employee responsible for not signing MAR received a performance counseling form and education regarding her failure to initial  An audit of 100% of the MARs for the past month was conducted to ensure all meds were signed off appropriately  Administrator or designee will review 100% of MARs daily to ensure compliance any deviations will be addressed immediately  Staff education and/or counseling for repeat occurrences will occur as necessary  Negative findings will be reported at our monthly QA Meeting	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 1/11/11 Initials (DPW)

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

Page 12 of 13

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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 	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/4/11

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
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.				

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

13A  
Page 13 of 13

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134662	
INSPECTION DATES (Include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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>Julie J. Heater</i>	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Mitchell</i>	DATE 3/4/11

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
187c The home shall follow the directions of the prescriber.	Resident #1 is prescribed Aricept 10mg at 9pm. The home did not have the medication available for the resident on 1/10/2011 and 1/11/2011.  Resident #2 is prescribed Fluticasone Propionate - 2 sprays to each nostril at bedtime. The medication was not available for the resident on 1/5/2011 and 1/7/2011.	Ongoing	The physician was made aware on 1/10/11 at 10am that Resident #1 would not be receiving her Aricept at 9pm due to the pharmacy not sending it until they receive authorization from her insurance company. The physician advised the nurse to resume med when it arrives. This was noted in a verbal order as well as the nurse's notes. Attachment J  The physician was made aware on 1/6/11 at 9am that Resident #2 would not be receiving his Flonase at 8pm until 1/8 as that is when his wife would bring the nasal spray in once it arrived via mail order. The physician advised the nurse to resume on 1/8 when it arrives. This was noted in a verbal order as well as the nurse's notes. Attachment K  The facility will continue to monitor medications on a daily basis. If it is identified that a medication will not be available the physician will be contacted for direction on how to proceed.	Steps have been taken to correct violation; full compliance is not verifiable  Date <i>3/4/11</i> Initials (DPW) <i>MM</i>

03/03/2011 THU 16:46 FAX

014/071

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

F3B  
 Page 13 of 13

NAME AND ADDRESS OF PERSONAL CARE HOME RENAISSANCE GARDENS AT MARIS GROVE, 500 MARIS GROVE WAY GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134562	
INSPECTION DATES (include all dates of the inspection) 01/13/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton	
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>Julie S. Heater</i>	DATE 3/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>	DATE 3/4/11

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
187d The home shall follow the directions of the prescriber.	Resident #1 is prescribed Aricept 10mg at 9pm. The home did not have the medication available for the resident on 1/10/2011 and 1/11/2011.  Resident #2 is prescribed Fluticasone Propionate -2 sprays to each nostril at bedtime. The medication was not available for the resident on 1/6/2011 and 1/7/2011.	Ongoing	Medications will continue to be reordered when there is 7 days worth of doses remaining.	
		Ongoing	Med techs will check medications on a daily basis to ensure medications are ordered in a timely fashion as well as received in a timely fashion. They will document they have completed this on the MAR	
		Ongoing	Medications needing to be refilled will be documented on the resident's refill log	
		Ongoing	During the weekly audit of the medication cabinets, the nurse will also check that medication refills have been ordered and received as needed.	

*Attachment M*

03/03/2011 THU 16:46 FAX

0015/071