



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: March 1, 2011**

Ms. Barbara Martinez, Administrator  
Glencrest Manor, Inc  
P.O. Box 1204  
Coatesville, Pennsylvania 19320

RE: Glencrest Manor  
115 Glencrest Road  
Coatesville, Pennsylvania 19320

Dear Ms. Martinez:

As a result of the Department of Public Welfare's licensing inspection on January 26, 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.

Sincerely,

A handwritten signature in cursive script that reads "Chevon Mitchell".

Chevon Mitchell  
Regional Licensing Administrator

Enclosure(s)  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME GLENCREST MANOR, 115 GLENCREST ROAD COATESVILLE, PA 19320		CURRENT LICENSE NUMBER 197800	
INSPECTION DATES (Include all dates of the inspection) 01/26/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Barbara Martinez, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Barbara Martinez</i>	DATE 2/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>	DATE 2/17/11

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
228a At the resident's request, the home shall provide assistance in relocating to the resident's own home or to another residence that meets the needs of the resident.	On 1/26/11 staff person A acknowledged to Department Representatives that Resident #1 did ask for assistance in finding a new home due to the 30 day notice of discharge resident #1 received on 12/31/10. Staff person A also acknowledged that the home assisted resident #1 with medication administration as well as incontinence care while the resident resided in the home. On 1/11/11 resident #1 was discharged from the home to a shelter. The shelter does not have staff trained in medication administration or staff trained to provide direct personal care services. The home discharged resident #1 to a place that can not meet the needs of resident.	<i>Completed</i>	<p><i>This resident self administer medication (as indicated on the medical evaluation form and personal care home assessment) and medications are stored in the med room. Glencrest Manor use "ON Time Meds", where the meds come in a cup and not poured by Glencrest Manor. The Resident takes the meds in a cup on [redacted] own draw [redacted] insulin on [redacted] own and self projects.</i></p> <p><i>When a contract is breached and a resident needs assistance in finding</i></p>	<p style="text-align: center;">Date 2/17/11 initials (DPW) <i>[Signature]</i></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">Date compliance is verifiable correct violation full correct violation full</p>

*Alternative Housing the home will ask what services they provide, to see if placement can meet the needs of the resident. The home will not discharge any residents to homes that do not meet the*

*Gwen 2/17/11*

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228h The only grounds for discharge or transfer of a resident from a home are for the following conditions: (1) If a resident is a danger to himself/herself or others. (2) If the legal entity chooses to voluntarily close the home, or a portion of the home. (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person	On 12/31/10 the home gave resident #1 a 30 day advance written notice of discharge. On 1/11/11 the home discharged resident #1 to a shelter. Staff person A stated that the reason for discharge was non payment of rent. The home did not have any documentation of attempts to obtain payment from resident #1. The home did not have any documentation of the amount of money that resident #1 owed to the home.	Completed	alternative housing will assess [redacted] needs in making sure the placement is appropriate. Although the office of aging was involved, when in doubt will speak to a regional Licensing Representative to make sure the appropriate steps are made.  On 12/10/11 in the "Resident Care Notes" there was mention of non-payment	<p>DPW Initials (DPW)</p> <p>1/17/11</p> <p>Date</p> <p>compliance is not verifiable correct violation; full compliance is not verifiable</p>

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disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate			but not the amount. For the future (starting March, 2011) will have a running record of all transactions. Form developed and will give <sup>all</sup> residents a receipt of payment each month.	

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local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office. (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home. (5) If the resident				

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has failed to pay after reasonable documented efforts by the home to obtain payment. (6) If closure of the home is initiated by the Department. (7) Documented, repeated violation of the home rules.				