

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NHS PENNSYLVANIA

LEGAL ENTITY

To operate PEIFFERS LANE PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 1460 PEIFFERS LANE, STEELTON, PA 17113

(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 5  
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 27, 2011 until March 27, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 310360

*Robert E. Robinson*

ISSUING OFFICER

*[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 28 2011

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

Mr. Michael J. Breslin, Chief Operating Officer  
NHS Pennsylvania  
4391 Sturbridge Drive  
Harrisburg, Pennsylvania 17110

RE: Peiffers Lane Personal Care Home  
1460 Peiffers Lane  
Steelton, Pennsylvania 17113

Dear Mr. Breslin:

As a result of the Department of Public Welfare's licensing inspection on February 18, 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.

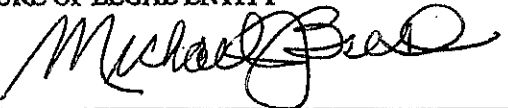

Sincerely,


A handwritten signature in black ink, appearing to read 'RM' followed by a long horizontal stroke.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Peiffers Lane Personal Care Home, 1460 Peiffers Lane Steelton, PA 17113		<b>CURRENT LICENSE NUMBER</b> 310360	
<b>INSPECTION DATES (Include all dates of the inspection)</b> 02/18/2011		<b>REGIONAL REPRESENTATIVE</b> McKinley Rouse, Selden Granahan	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 3/7/11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 3/16/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
251c The home shall use standardized forms to record information in the resident's record.	The standard medical evaluation form required by the Department of Public Welfare was not used for resident #1's medical evaluation.  PCH Division Central Region Field Office  MAR 9 2011  <b>RECEIVED</b>	<p>Immediate:</p> <ul style="list-style-type: none"> <li>⊙ Feb 23, 2011</li> <li>⊙ March 3, 2011 @9:45 am</li> <li>Ongoing:</li> <li>⊙ February 23, 2011</li> <li>⊙ February 23, 2011</li> <li>⊙ February 23, 2011</li> </ul>	<p>Immediate:</p> <ul style="list-style-type: none"> <li>⊙ Administrator will review all charts for each resident and note if any other charts need the form; scheduling PCP visits to be certain the proper forms are in each file. (The PCP for all other residents returned the form as per PCH protocol practice)</li> <li>—⊙ Charge Nurse be certain a medical evaluation form is completed at next visit to PCP. Upon return Charge Nurse will present the completed form to the administrator</li> </ul> <p>Ongoing:</p> <ul style="list-style-type: none"> <li>⊙ The administrator will inspect the master form book to be certain that the medical evaluation form is included and that all needed forms are up to date.</li> <li>⊙ The administrator will assign and oversee monthly chart audits to be performed by supervisory staff. (auditing tool attached)</li> <li>⊙ The administrator will include a letter to all medical practitioners for each resident when the resident is due for his/her yearly medical evaluation to be certain that all appropriate paperwork is completed in full. (see attached letter)</li> </ul>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/16/11   Date Initials (DPW)</p>