

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOSPICE OF CENTRAL PENNSYLVANIA, INC.

To operate THE CAROLYN CROXTON SLANE RESIDENCE-HOSPICE OF CENTRAL PA

Located at 1701 LINGLESTOWN ROAD, HARRISBURG, PA 17110

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 6
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from May 13, 2011 until May 13, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 362220

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.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 16 2011

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

Ms. Karen M. Paris, CEO
Hospice of Central Pennsylvania, Inc.
1320 Linglestown Road
Harrisburg, Pennsylvania 17110

RE: The Carolyn Croxton Slane Residence – Hospice of Central PA
P.O. Box 266
Enola, Pennsylvania 17025

Dear Ms. Paris:

As a result of the Department of Public Welfare's licensing inspection on March 28, 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.

The license indicates the Legal Entities recent change in the mailing address.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

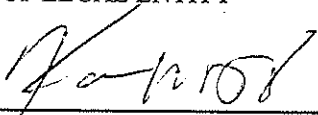
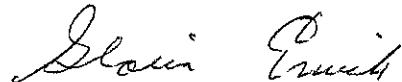
Sincerely,

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

Ronald Melusky
Acting Director

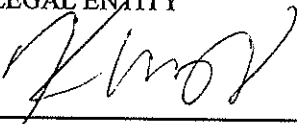

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE CAROLYN CROXTON SLANE RESIDENCE HOSPICE OF CENTRAL PA, 1701 LINGLESTOWN ROAD HARRISBURG, PA 17110		CURRENT LICENSE NUMBER 362220	
INSPECTION DATES (Include all dates of the inspection) 03/28/2011		REGIONAL REPRESENTATIVE Thomas Roth, Lori Gensil	
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 4/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/05/11

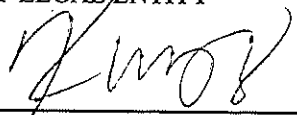
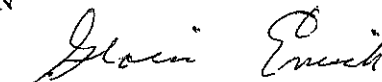
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The State Police background check for staff person A, hired 12/16/10, was not completed until 1/31/11, more than thirty days after the date of hire. Repeated Violations: 04/27/2010 PCH Division Central Region Field Office MAY 3 - 2011 RECEIVED	Immediately and with next hire	Legal entity implemented new procedure that addresses background checks for all new hires. The state police background check is to be completed on the first day of employment. PCHA will follow-up in one week's time to determine if completed. If it has not, PCHA will complete using the RSP e-Patch system. PCHA and legal entity will both retain copy in personnel record.	Steps have been taken to correct violation; full compliance is not verifiable 5/05/11 Date Initials (DPW)

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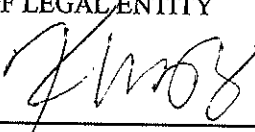
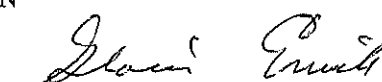
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(relating to protective services for older adults) and other applicable regulations.				

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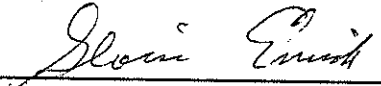
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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The home was not documenting the required fifteen-minute checks completed by staff for the residents using bed rails during sleeping.	Immediately	As a result of this review, leadership of Hospice of Central PA has implemented a new restraint policy that prohibits the use of bed rails. The Residence has already started working under this policy and the policy will be presented to the Board of Directors for formal approval at their May meeting. Staff has had in-service on the new policy and the interventions that can be put in place to ensure resident safety.	<div style="font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</div> <div style="text-align: right;"> 5/05/11 SE Date Initials (DPW) </div>

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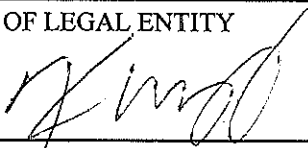
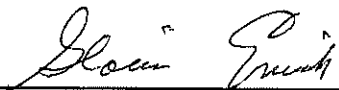
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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The exterior grate of the home's dryer exhaust duct work was covered with lint over approximately 70% of its surface.	Immediately	The exterior grate of the home's dryer exhaust duct was immediately cleaned at the conclusion of the review. The duct will now be cleaned on a monthly basis, rather than biannually, by staff. Professional cleaning of the ducts has been scheduled for May 2011 and will be performed routinely as per Federal Standards.	5/04/11 <i>EE</i>

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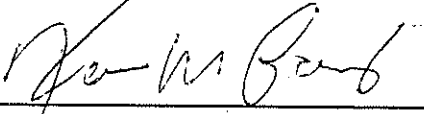

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill logs did not address which residents met the criteria of the Department's Hospice Statement of Policy and were not evacuated during fire drills.	<i>Immediately</i>	<i>As a result of this review the PCHA improved the documentation of fire drills to be more specific as to how many residents are capable of evacuation during a drill. Most residents of this facility meet criteria of the Department's Hospice Statement of Policy.</i>	<i>5/05/11 & E</i>

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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluations of 2/18/11 for resident #1, 3/15/11 for resident #2 and 2/15/11 for resident #3 listed the medications, "As per Hospice order," but no separate list of medications were attached to the forms.	Immediately + On going	As a result of this review, all medical evaluations that have subsequently been sent to the resident's physician have included an attached order form that includes medications and treatments. The PCHA is responsible for the completion of this task.	Steps have been taken to correct violation; full compliance is not verifiable 5/05/11 RE Date Initials (DPW)

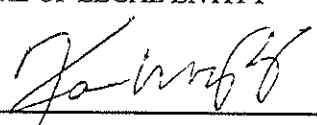

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

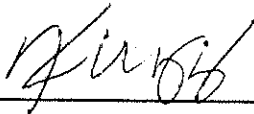
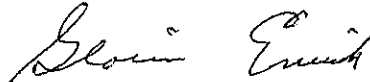
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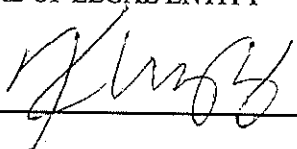

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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The medical evaluations of 2/18/11 for resident #1, 3/15/11 for resident #2 and 2/15/11 for resident #3 were all completed by the home and not by each resident's physician. Repeated Violations: 04/27/2010	Immediately * Ongoing	The PCHA completes the top portion of the medical evaluation that includes resident demographic information and attaches current orders when the medical evaluation is sent to the physician. All medical evaluations completed since the review have followed this procedure.	Steps have been taken to correct violation; full compliance is not verifiable 5/05/11 Date Initials (DPW)

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	There were 1/2 length bed rails on the beds of residents #1 and #3. The assessments of 2/25/11 for resident #1 and #3 did not address the use of bedrails.	Immediately	Since the legal entity has initiated a new restraint policy, the use of 1/2 length bed rails is no longer an issue. The PCHA will address any intervention that are put in place, to ensure resident safety, in all subsequent assessments.	5/05/11 BE

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	There were 1/2 length bed rails on the beds of residents #1 and #3. The support plans of 3/7/11 for resident #1 and #3 did not address the use of bedrails.	Immediate	Since the legal entity has initiated a new restraint policy, the use of 1/2 length bed rails is no longer an issue. The PCHA will address any interventions that are put in place, to ensure resident safety, in all subsequent support plans.	5/05/11 BE