

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NHS MONTGOMERY COUNTY

LEGAL ENTITY

To operate NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY

NAME OF FACILITY OR AGENCY

Located at 478 BETHLEHEM PIKE, FORT WASHINGTON, PA 19034

(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 8
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 May 25, 2011 until May 25, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127950

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

MAY 12 2011

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

Dr. Sharon Testa, Executive Director
NHS Montgomery County
400 North Broad Street
Lansdale, Pennsylvania 19446

RE: Northwestern Human Services of Montgomery County
478 Bethlehem Pike
Fort Washington, Pennsylvania 19034

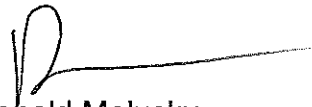
Dear Dr. Testa:

As a result of the Department of Public Welfare's licensing inspection on March 29, 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,


Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

RECEIVED TIME APR. 28. 1:49PM

NAME AND ADDRESS OF PERSONAL CARE HOME NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY, 478 BETHLEHEM PIKE FORT WASHINGTON, PA 19034		CURRENT LICENSE NUMBER 127950	
INSPECTION DATES (Include all dates of the inspection) 03/29/2011		REGIONAL REPRESENTATIVE Serena Chou, John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Diane Kiddy, Vice President - Adult Behavioral Health</i>			
SIGNATURE OF LEGAL ENTITY <i>Diane Kiddy VP</i>	DATE <i>4/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>	DATE <i>3/04/11</i>

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
2068 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Resident # 3 and resident # 4 have not received a quarterly account of financial transactions from 4/1/2010 to 7/31/2010.	3/31/11	<p>All residents received their statements for the first quarter ending 3/31/11 on 3/31/11.</p> <p>Resident #3 received a statement for the quarter ending 7/31/10 on 12/23/10. Resident #4 received a statement for the quarter ending 7/31/10 on 12/22/10.</p> <p>The following procedure was implemented to eliminate any future delays in providing quarterly statements to the residents: The Client Funds Manager must fax a copy of the prior month's itemized account of</p> <p align="right"><i>Continued next page</i></p>	<i>5/04/11 22</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY, 478 BETHLEHEM PIKE FORT WASHINGTON, PA 19034		CURRENT LICENSE NUMBER 127950	
INSPECTION DATES (Include all dates of the inspection) 03/29/2011		REGIONAL REPRESENTATIVE Serena Chou, John Bungo	
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>Deane Keady, VP</i>	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JE</i>	DATE <i>5/04/11</i>

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
2068 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Resident # 3 and resident # 4 have not received a quarterly account of financial transactions from 4/1/2010 to 7/31/2010.	3/31/11	<i>Continued.</i> financial transactions for each resident to the Program Manager and Executive Director by the 25th of each month. The Program Manager will monitor the timely receipt of statements, and promptly follow-up with the Client Funds Manager if any statement is outstanding.	

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INSPECTION DATES (Include all dates of the inspection) 03/29/2011		REGIONAL REPRESENTATIVE Serena Chou, John Bungo	
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>Debbie Keady, VP</i>	DATE <i>4/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ernst</i>	DATE <i>5/04/11</i>

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
144d Smoking outside of the smoking room is prohibited.	On 3/29/2011, an excess of 50 cigarette butts were found in the front yard, back yard and in the driveway on the side of the building.	4/30/11	Residential staff will prompt residents to dispose of their cigarette butts and matches in the metal pails located in the assigned smoking areas. Residential staff will be assigned to monitor appropriate disposal and clean-up of cigarette butts at least 3X per day. On 4/25/11, the Whitemarsh Fire Marshal is scheduled to provide both a video and training to residents on the hazards of improperly disposing of cigarette butts and matches.	Steps have been taken to correct violation; full compliance is not verifiable <i>5/04/11 BE</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME NORTHWESTERN HUMAN SERVICES OF MONTGOMERY COUNTY, 478 BETHLEHEM PIKE FORT WASHINGTON, PA 19034		CURRENT LICENSE NUMBER 127950	
INSPECTION DATES (Include all dates of the inspection) 03/29/2011		REGIONAL REPRESENTATIVE Serena Chou, John Bungo	
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>Deane Kueg, VP</i>	DATE <i>4/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glori Enich</i>	DATE <i>5/04/11</i>

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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 3/29/2011 at 1:30pm, a tube of Lanacane was unlocked and accessible to residents in resident # 4's bedroom.	4/25/11	The Program Manager will meet with residents and residential staff to reinforce the importance of following safe medication practices, and the requirement that over-the-counter and holistic medications must be stored in the program's locked medication cabinet, and that a prescription from a Primary Care Physician is needed before administering any medication. <i>Continued next page.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>5/04/11</i> Date Initials (DPW)

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INSPECTION DATES (Include all dates of the inspection) 03/29/2011		REGIONAL REPRESENTATIVE Serena Chou, John Bungo	
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>Diane Kestig, VP</i>	DATE <i>4/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JZ</i>	DATE <i>5/04/11</i>

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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 3/29/2011 at 1:30pm, a tube of Lanacane was unlocked and accessible to residents in resident # 4's bedroom.	3/31/11	<i>Continued.</i> Staff will be assigned to monitor and ensure adherence with this policy during daily rounds. The Program Manager will monitor compliance with this requirement during their weekly room inspections.	