

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HATFIELD MENNONITE HOMES, INC.

LEGAL ENTITY

To operate OAKWOOD COURT

NAME OF FACILITY OR AGENCY

Located at 275 DOCK DRIVE, LANSDALE, PA 19446

(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 80
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 26

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 17, 2011 until May 17, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127960

Robert E. Robinson

ISSUING OFFICER

R. C. King

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 17 2011

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

Mr. Russell Mast, Executive Director
Hatfield Mennonite Homes, Inc.
Oakwood Court
275 Dock Drive
Lansdale, Pennsylvania 19446

Dear Mr. Mast:

As a result of the Department of Public Welfare's licensing inspection on March 30, 2011 and March 31, 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 be 'R' followed by a long horizontal line.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Oakwood Court, 275 Dock Drive Lansdale, PA 19446		CURRENT LICENSE NUMBER 127960	
INSPECTION DATES (Include all dates of the inspection) 05/30/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone, Don Frey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Erin N. Toth, PCHA - Director of Personal Care Services.</i>			
SIGNATURE OF LEGAL ENTITY <i>Erin N. Toth, PCHA</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/11/11

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights, (under these	Ancillary staff person A lacked annual training in fire safety completed by a fire safety expert and the Older Adult Protective Services Act.	4/12/2011	Staff person A completed training in both of these areas on 4/12/2011. Dock Woods' training year runs Sept.-Aug. Going forward, HR will provide supervisors with a list of the dates their employees received in-service training. Supervisors will be responsible for scheduling their employees for in-services within 12 months of their last completed in-services. HR will track compliance with this. One of the fiscal year 2012 goals is to look at new ways to provide timely in-service training. Goal is to implement new changes in Sept. 2012.	Steps have been taken to correct violation; full compliance is not verifiable <i>5/11/11</i> Date Initials (DPW)

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Oakwood Court, 275 Dock Drive Lansdale, PA 19446		CURRENT LICENSE NUMBER 127960	
INSPECTION DATES (Include all dates of the inspection) 03/30/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone, Don Frey	
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>Erin J. Tolle, PEHA</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/11/11

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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101--10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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>Eric J. Jolk, RCHA</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/11/11

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
141a he 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 for resident #1 dated 12/13/10 and #2 dated 3/21/11 include attachments listing the residents' medication regimen. These attachments are not dated. -The medical evaluations for residents #3 dated 4/28/10 and #4 dated 11/10/10 include attachments listing the residents' medication regimen. These attachments are not signed and not dated. -The medical evaluation for resident #5 dated 7/8/10 includes an attachment listing the resident's medication regimen. This attachment is not signed and dated the same day as the medical evaluation.	4/12/2011	Nursing staff were in-serviced on this regulation at meetings held on 4/6/11 & 4/12/11 (see attached for list of attendees). Going forward, the charge nurse will provide a medication list, along with the med. eval., to the physician or nurse practitioner to sign & date when filling out the med. eval. Staff on 11-7 shift will be responsible for auditing resident charts monthly to check for compliance.	Steps have been taken to correct violation; full compliance is not verifiable Date: <u>6/11/11</u> Initials: <u>[DPW]</u>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Eric N. Joth, PCH</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J.</i>	DATE 5/11/11

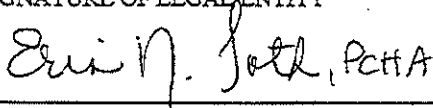

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment,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

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SIGNATURE OF LEGAL ENTITY <i>Erin N. Sath, PCHA</i>	DATE 4/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/11/11

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
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	Sample prescription medication Xalatan for resident #5 lacked written instructions by the prescriber, the resident's name, the date the prescription was issued, and the name and title of the prescriber.	3/30/2011 4/12/2011 4/29/2011	The sample prescription medication was immediately disposed of. Nursing staff were educated on this regulation at team meetings on 4/6/11 & 4/12/11. A letter was sent to residents and family members explaining the regulation and how sample prescription medications will be handled by Dock Woods in Personal Care (see attached letter).	Steps have been taken to correct violation; full compliance is not verifiable 5/11/11 Date / Initials (DPW)

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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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	The medication record for Resident #6 was not initialed by the staff person administering medications Docusate Sodium, HCTZ and Lisinopril at 12:00pm to the resident on 3/23/2011 and on 3/25/2011.	3/31/2011 Early 2012	The nurse was counseled regarding the need to initial after every medication administered (see attached). Staff on 11-7 shift are responsible for checking the MAR daily for any missed initials. Dock Woods has purchased an electronic health record system which gives several visual cues to staff when an administered medication has not been signed off, greatly minimizing the likelihood of missed signatures. The goal is to have this system implemented in PC early in 2012.	Steps have been taken to correct violation; full compliance is not verifiable	Date <u>5/11/11</u> Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Eric N. Sotth, RHA</i>	DATE 5/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/11/11

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
233a Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.	The home lacked written approval by the Pennsylvania Department of Labor & Industry, the Pennsylvania Department of Health, or the appropriate local building authority for the electromagnetic locking system on the exit doors from the secure dementia care unit.	5/5/2011	Towamencin Township's local building authority, [redacted] (also the fire marshal) is scheduled to come inspect the electromagnetic locking system in the SDU on 5/5/11. (see attached email). Once obtained, written approval for the door system will be forwarded to the Dept. of Public Welfare.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>5/11/11</u> Initials (DPW) <u>[initials]</u></p>