



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: June 13, 2011

Ms. Michele DiVencenzo, Administrator
GDL Farms Corporation
3455 Davisville Road
Hatboro, Pennsylvania 19040

RE: Luther Park

Dear Ms. DiVencenzo:

As a result of the Department of Public Welfare's licensing inspection on April 11, 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 black ink that reads "Chevon Mitchell" followed by a stylized flourish.

Chevon Mitchell
Regional Licensing Administrator


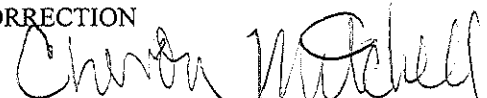
Enclosure(s)
Violation Report

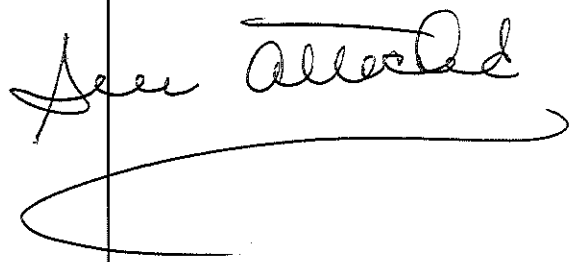
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LUTHER PARK, 3455 DAVISVILLE ROAD HATBORO, PA 19040		CURRENT LICENSE NUMBER 127900	
INSPECTION DATES (Include all dates of the inspection) 04/11/2011		REGIONAL REPRESENTATIVE Patricia Adams, Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center" style="font-size: 1.2em;">Michele F. DiVincenzo Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 5-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/31/11

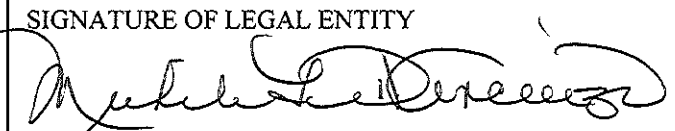

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)		DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies 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	Direct care staff person A, hired 9/7/10, did not have a criminal history background clearance.	*Correction* <u>Completed</u> completed at time of inspection 4-11-11	Director of Nursing and ADON will <u>triple check</u> new hire files. This to be sure all documents and Criminal background checks have been completed. <u>See attached</u> — all background checks will be completed prior to first day of orientation/work as per state regulation in accordance with OAPS.	Steps have been taken to correct violation; full compliance is not verifiable 5/31/11 Date	Initials (DPW) 


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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) <p style="text-align: center; font-size: 1.2em;">Michele F. DiVincenzo ADMINISTRATOR</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 5-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/31/11

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

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

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	- Resident #1 was admitted to the home on 11/5/10. The home has not developed a 30 day support plan for the resident. - Resident #2 was admitted to the home on 11/4/10. The home has not developed a 30 day support plan for the resident.	*Correction* Completed 4-12-11	A 30 day support plan meeting was conducted. The initial support plan was updated at that time. The Director of Nursing has and will complete new support plan document at 30 days per state regulation, in addition to the initial support plan completed in 70 hrs of admission and annually. - See attached - as per state regulation	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 5/31/11 Initials (DPW):  </div>