

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOLY REDEEMER HEALTH SYSTEM
LEGAL ENTITY

To operate HOLY REDEEMER ST. JOSEPH MANOR
NAME OF FACILITY OR AGENCY

Located at 1616 HUNTINGDON PIKE, MEADOWBROOK, PA 19046
(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 69
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 June 8, 2011 until June 8, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127940

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

JUN 15 2011

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

Mr. Michael B. Laign, President/CEO
Holy Redeemer Health System
Holy Redeemer St. Joseph Manor
1616 Huntingdon Drive
Meadowbrook, Pennsylvania 19046

Dear Mr. Laign:

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.

The license indicates the home's recent change in the name from St. Joseph Manor to Holy Redeemer St. Joseph Manor.

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 flourish.

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 ST JOSEPH S MANOR, 1616 HUNTINGDON PIKE MEADOWBROOK, PA 19046 | | CURRENT LICENSE NUMBER 127940 | |
| INSPECTION DATES (include all dates of the inspection) 04/11/2011 | | REGIONAL REPRESENTATIVE Laura Helmuff, Chevon Mitchell | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Julia Regan, Personal Care Administrator, Holy Redeemer St. Joseph Manor</i> | | | |
| SIGNATURE OF LEGAL ENTITY <i>Julia Regan</i> | DATE 5/11/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LM</i> | DATE 4/1/11 |

| 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 |
|--|---|--|---|-----------------------------|
| 63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. | Based on the home's census of 58, the home is required to have two persons trained in first aid at all times. On 3/22/11, 3/30/11, 4/1/11, 4/6/11, and 4/7/11, only one staff person trained in first aid was working at the home from 11:30pm to 7:00am. | 4/15/11 5/31/11 Orientation & Annually | 1) Staff person identified as not having first aid training was certified in first aid. (see attached) 2) Staff certifications for first aid were reviewed. Training is scheduled as needed. 3) To ensure that this violation does not recur: a. Training will be completed by In-house staff who are certified as trainers by the American Heart Association. b. New staff will either provide a certification by a certified health care organization, or be certified by In-house certified trainers during the Orientation process. c. All staff certifications will be reviewed annually by Administrator by January 15 th and training scheduled as needed. | 4/3/11 <i>LM</i> |

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

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| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOSEPH S MANOR, 1616 HUNTINGDON PIKE MEADOWBROOK, PA 19046 | | CURRENT LICENSE NUMBER 127940 | |
| INSPECTION DATES (Include all dates of the inspection) 04/11/2011 | | REGIONAL REPRESENTATIVE Laura Helmuth, Chevon Mitchell | |
| 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>Julia Regan</i> | DATE 5/10/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE 6/1/11 |

| 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 |
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| 65b Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization. | <p>-Staff person A was certified in obstructed airway techniques and CPR by CPR Today! Inc. on 9/29/09. This training source is an online course only and is not certified as a trainer by a hospital or other recognized health care organization.</p> <p>-Staff person B was certified in obstructed airway techniques and CPR by the American Life and Health Foundation on 4/4/09. This training source is an online course only and is not certified as a trainer by a hospital or other recognized health care organization. Staff person B did not receive certification in obstructed airway techniques and CPR from a recognized health care organization until 3/23/11.</p> | <p>3/23/11</p> <p>4/13/11</p> <p>Orientation & Annually.</p> | <p>1) Staff person B was certified in obstructed airway techniques and CPR from a recognized health care organization. (American Heart Assoc.) (see attached)</p> <p>2) Staff person A was certified in obstructed airway techniques and CPR by a recognized health care organization. (American Heart Assoc.) (see attached)</p> <p>3) To ensure that this violation does not recur:</p> <p>a. Training will be completed by In-house staff who are certified as trainers by an approved health care organization (American Heart Assoc.)</p> <p>b. New staff will either provide certification by a certified health care organization or be certified by In-house certified trainer during Orientation process.</p> <p>c. All CPR and Obstructed Airway Certifications will be reviewed annually by January 15th by Administrator and training scheduled as needed.</p> | <p>6/3/11</p> <p><i>[Signature]</i></p> |

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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 |
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| 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 | -Direct care staff persons C, D, and E did not receive training in fire safety from a fire safety expert during the training year 2010. The fire safety training received by each of these staff persons in 2010 was through a computer program and is not considered a fire safety expert. -Ancillary staff person F did not receive training in fire safety, emergency preparedness procedures, resident rights, and the Older Adult Protective Services Act during training year 2010. | 5/31/11 5/31/11 Annually & Ongoing Monthly & Ongoing | 1) Direct Care Staff C, D, and E, and all other Direct Care staff will receive training in fire safety from a fire safety expert. 2) Ancillary staff person F will receive training in Fire Safety, Emergency Preparedness, Resident Rights, and the Older Adult Protective Services Act during training year 2011. 3) To ensure that this violation does not recur, the yearly education schedule which begins January 1 st for all direct care staff, ancillary staff, substitute staff, and regularly scheduled volunteers will include: a. Fire Safety training by a fire safety expert. b. Emergency Preparedness, Resident Rights, Older Adult Protective Services Act, Falls/Accident Prevention, and New Population groups. 4) Administrator will audit education records monthly to ensure compliance. | 6/3/11 <i>[Signature]</i> |

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

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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 |
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| 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. | | | | |

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

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|---|-----------------|---|----------------|
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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 |
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| 123a Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost. | The home has a magnetic locking mechanism on the courtyard gate that leads to a public thoroughfare. The home has a waiver granted by the Department on 12/12/08 regarding a locking mechanism on the courtyard gate. The waiver requires a variance from the Department of Labor and Industry or applicable building code authority permitting the use of the locking mechanism and assuring that the gate will automatically unlock if the fire alarm is activated. The home has two documents from PA Department of Health dated 9/11/09 and 5/18/10. Neither of these documents asserts that the gate will automatically unlock if the fire alarm is activated. | 4/20/11 Ongoing | 1) To meet the requirements of the waiver granted by the Department of on 12/12/08 regarding the locking mechanism on the courtyard gate, the Home secured a variance by an applicable building code authority permitting the use of the locking mechanism and assuring that the gate will automatically unlock if the fire alarm is activated. (document attached) 2) To ensure compliance, this variance has been received and will be kept on file with the Waiver of 12/12/08. | <i>[Signature]</i> 6/1/11 |

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| 130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable. | The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable. | 4/11/11 | 1) The violation related to the Home's emergency procedures was corrected on the day of inspection. (See attached policy - Procedure #1). | 6/3/11 UHH |
| | | 4/11/11 | 2) To ensure on-going compliance, this adjusted policy will be kept in the Home's Policy Book and implemented as needed. | |
| | | 5/31/11 | 3) All staff will be educated on this addition to the policy by the Administrator. | |

VIOLATION REPORT
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| 190a A staff person who has successfully completed a Department-approved medication administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. | Direct care staff person C administers medications to residents. The staff person received and passed her last complete annual practicum on 4/16/09. A training document dated 4/15/10 indicates that the staff person passed her annual practicum, however, only 1 out of 4 medication administration record reviews were completed and only 1 out of 2 medication administration observations were completed. A training document dated 4/4/11 indicates that the staff person passed her annual practicum, however, only 1 out of 4 medication administration record reviews were completed. | 4/30/11 Annually | <ol style="list-style-type: none"> For Direct Care Staff C, 3 additional medication record reviews were completed and two medication administration observations were completed to complete the annual requirements for the year time frame ending 4/30/11. (see attached) To ensure this violation will not recur, all direct care staff trained for medication administration will: <ol style="list-style-type: none"> Pass an annual practicum inclusive of: <ul style="list-style-type: none"> Two medication administration observations Four medication record reviews. These practicum competencies will be completed by our certified medication trainer. To ensure compliance, Administrator will audit records quarterly. | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6/13/11 Date Initials (DPW)</p> |
| | | 5/31/11 & Ongoing | | |