

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHESTNUT MANOR, LLC

LEGAL ENTITY

To operate CHESTNUT MANOR

NAME OF FACILITY OR AGENCY

Located at 4926 CHESTNUT STREET, PHILADELPHIA, PA 19139

(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 13
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: 101880

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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 14 2011

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

Mr. Austin Virgo, President
Chestnut Manor, LLC
Chestnut Manor
4926 Chestnut Street
Philadelphia, Pennsylvania 19139

Dear Mr. Virgo:

As a result of the Department of Public Welfare's licensing inspection on April 13, 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.

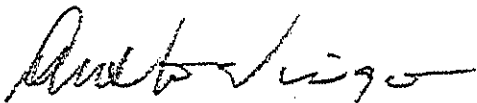

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Acting Director

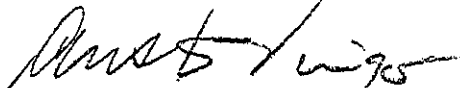

Enclosures
License
Violation Report

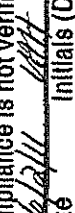
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHESTNUT MANOR, 4926 CHESTNUT STREET PHILADELPHIA, PA 19139		CURRENT LICENSE NUMBER 101880	
INSPECTION DATES (Include all dates of the inspection) 04/13/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Gerald Dumas	
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 5/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/12/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
14a Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Uniform Construction Code Act (35 P.S. §§ 7210.101 - 7210.1103) is required.	The home does not have a valid certificate of occupancy.	5/6/11	The home was in process of attaining a certificate of occupancy and has now received the certificate of occupancy. after repeated calls to the city. We will submit a copy with our corrective action plan, and will also post in the home among our required certifications.	LAH 6/2/11

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25d A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. §§ 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.	Resident #1's contract, completed 2/8/11, does not include the home's usage for their portion of the rent rebate funds.	4/14/11	The home has now filled in the portion related to the rent rebate usage. The administrator will recheck after each admission the form concerning the rent rebate in particular the line that addresses the home usage of the rent rebate. In addition a quarterly review of all documents contained in the residents records will be conducted for current and future regulation compliance.	Steps have been taken to correct violation; full compliance is not verifiable  Date Initials (DPW)

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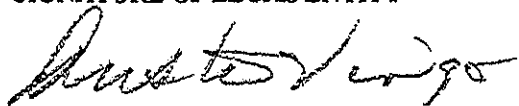

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	The following poisonous items were stored on the kitchen floor and accessible to the residents of the home: -Two 1-gallon bottles of Green Suds hand washing detergent. The bottle stated, "call a physician or poison control center if swallowed." -One 1-gallon bottle of Steri-Fab Bacticide, Sanitizer, Fungicide. The bottle stated, "call poison control if ingested." The residents' assessments did not indicate the residents' ability to handle poisonous items.	4/14/11	The home has purchased a locking container to house any hazardous items that may be accessible to the residents. Any addition items are stored in the basement out of reach of the residents. The house staff and the administrator will continually check on a daily basis that hazardous items are being secured in a manner compliant with the regulation to insure on-going compliance.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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83a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The center tile in the 2nd floor bathroom is cracked with a piece of tile missing. The missing piece causes a tripping hazard.	5/20/11	The home has scheduled repairs for the bathroom floor and will be completed by 5-20-11. The house staff will check daily for trip hazards and the administrator will monitor for regulation compliance to insure future conformity.	LPA 6/2/11

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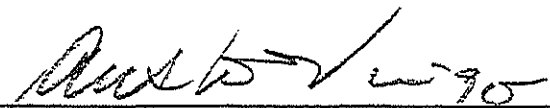

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The lamp next to the bed closest to the door in the front bedroom on the 2nd floor had a light bulb missing.	4/14/11	House staff are required to check daily for functional lighting in all bedrooms as part of their daily checklist. Staff has been retrained to use and follow closely the checklist provided. The administrator will randomly and frequently check behind staff to insure future compliance with the regulation.	VAM 6/2/11


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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 home did not have a record of fire drills conducted in April, May, June and July of 2010.	4/14/11	Fire drills were conducted for the months in question, but the 1 st page of a two page record could not be found. The records were posted in a public space, therefore after each drill the administrator will make a copy of the fire drill record and keep a second set in the administrator file as to make sure this NEVER happens again, and to keep in constant compliance with the regulation.	6/2/11 Steps have been taken to correct violation. Full compliance is not verifiable. Date: 6/2/11

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The following items were expired in the home's first aid tool box kit: -Tylenol Cold Multi Symptom; expired 1/10 -Tylenol Cold; expired 11/09 -Cortaid Advance Cream; expired 8/10 -Motrin; expired 5/09	4/14/11	All expired items have been removed from the homes first aid kit. The administrator will check for any out dated items contained in the first aid kit on a quarterly basis to insure future compliance with the regulation.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/21/11 Date</p> <p> Initials (DPW)</p> </div>