

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PETER BECKER COMMUNITY
LEGAL ENTITY

To operate PETER BECKER COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 800 MAPLE AVENUE, 1ST FLOOR, HARLEYSVILLE, PA 19438
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 47
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: 127730

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

JUN 14 2011

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

Ms. Carol A. Berster, President/CEO
Peter Becker Community
800 Maple Avenue
Harleysville, Pennsylvania 19438

Dear Ms. Berster:

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'.

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 Peter Becker Community, 800 Maple Avenue Harleysville, PA 19438		CURRENT LICENSE NUMBER 127730	
INSPECTION DATES (include all dates of the inspection) 04/13/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone, Donald Frey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) REGINA HEILMAN-TOTH			
SIGNATURE OF LEGAL ENTITY <i>Regina Heilman-Toth</i>	DATE 5/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald Frey</i>	DATE 6/2/11

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	Staff persons A, B, and C lacked annual fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert.	6/2011	The staff has had annual fire safety training through Silverchair (on-line training) with specifics of P&C added. This has sufficed in previous inspections. A Certified Fire Professional will perform the training for the Personal Care Staff in June, 2011. It will be filmed for any who cannot attend. Administration will	Steps have been taken to correct violation; full compliance is not verifiable Date: 6/2/11 Initials (DPW)

ensure all staff receive annual training as required through periodic...

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

NAME AND ADDRESS OF PERSONAL CARE HOME Peter Becker Community, 800 Maple Avenue Harleysville, PA 19438		CURRENT LICENSE NUMBER 127750	
INSPECTION DATES (include all dates of the inspection) 04/13/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone, Donald 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>REGINA HEILMAN-TOOTH</i>			
SIGNATURE OF LEGAL ENTITY <i>Regina Heilman-Tooth</i>	DATE <i>5/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6/2/11</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
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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INSPECTION DATES (Include all dates of the inspection) 04/13/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone, Donald 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>Regina Nelson-Foth</i>	DATE 5/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE 6/2/11

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
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home lacked annual written documentation from a fire safety expert specifying a recommended maximum evacuation time and also specifying internal fire safety areas. The last written documentation was completed on 9/18/2009.	5/12/11	See attached documentation verifying that this has been done. Home has annual documented evacuation time of 5 min. 6/2/11 Administrators will assure required document is updated annually. 6/2/11 G. H. S.	6/2/11 A Steps have been taken to correct violation; full compliance is not verifiable Date: 6/2/11 Initials (DPW):

VIOLATION REPORT
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>Regina Halman - CEO</i>	DATE 5/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald Frey</i>	DATE 6/2/11

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																																																																	
	<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/24/2011</td><td>09:20 AM</td><td>4 min 15 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/25/2011</td><td>03:52 PM</td><td>4 min 48 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/31/2011</td><td>02:50 PM</td><td>4 min 15 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/30/2010</td><td>03:12 PM</td><td>3min 39 sec</td><td>No</td></tr> <tr><td>May</td><td>05/30/2010</td><td>06:45 AM</td><td>4 min 36 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/10/2010</td><td>02:46 PM</td><td>3 min 47 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/21/2010</td><td>06:20 PM</td><td>4 min 12 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/18/2010</td><td>09:23 AM</td><td>4 min 42 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/28/2010</td><td>02:45 PM</td><td>4 min 10 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/20/2010</td><td>07:33 AM</td><td>4 min 32 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/12/2010</td><td>06:55 AM</td><td>4 min 45 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/06/2010</td><td>05:12 PM</td><td>3 min 52 sec</td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Evac. Time	FSE	Jan	01/24/2011	09:20 AM	4 min 15 sec	No	Feb	02/25/2011	03:52 PM	4 min 48 sec	No	Mar	03/31/2011	02:50 PM	4 min 15 sec	No	Apr	04/30/2010	03:12 PM	3min 39 sec	No	May	05/30/2010	06:45 AM	4 min 36 sec	No	Jun	06/10/2010	02:46 PM	3 min 47 sec	No	Jul	07/21/2010	06:20 PM	4 min 12 sec	No	Aug	08/18/2010	09:23 AM	4 min 42 sec	No	Sep	09/28/2010	02:45 PM	4 min 10 sec	No	Oct	10/20/2010	07:33 AM	4 min 32 sec	No	Nov	11/12/2010	06:55 AM	4 min 45 sec	No	Dec	12/06/2010	05:12 PM	3 min 52 sec	No			
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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INSPECTION DATES (include all dates of the inspection) 04/13/2011		REGIONAL REPRESENTATIVE Paul Metzger, Sanford Stone, Donald 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>Regina Heilman - TSB</i>	DATE 5/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. [Signature]</i>	DATE 6/2/11

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 The 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	Medical evaluations for residents #1, 2, 3, 4, 5, 6, and 7 had attachments that included the residents' medication regimen. These attachments were not completed and signed on the same dates as the medical evaluations. Repeated Violations: 09/09/2010 <i>N.B. This date is incorrect as we did not have an inspection in 2010. The last full inspection we had was 11/9/09</i>	4/14/11 5/11/11	<i>CNP who is responsible for completing most medical evaluations was made aware of the need to sign and date all attachments at the same time that the Medical Evaluation is completed. Charts will be audited routinely, and this item will be included. (See attached Chart Audit)</i>	Steps have been taken to correct violation; full compliance is not verifiable 4/14/11 Date: _____ Initials (DPW): _____

all future Medical Evaluations will be reviewed by LPN to insure on-going compliance

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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>Regina Halman-Soth</i>	DATE 5/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE 6/2/11


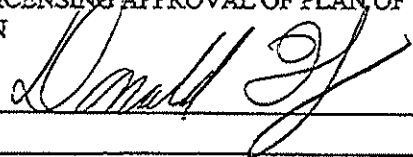
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The instructions for administration on the pharmacy label on the container for resident #1's Lantus Insulin indicated "as directed." The correct instructions were "inject 15U subcutaneously at bedtime."	5/11/11	<i>The remaining staff will check all refrigerated medications to insure they are labeled, dated and within their expiration period. All nurses + med techs will be instructed + verbally counseled in staff meeting to insure all medications are labeled, dated and within their expiration period. LPN will conduct monthly medication reviews to insure on-going compliance 6/2/11 B. H-T.</i>	Steps have been taken to correct violation; full compliance is not verifiable 6/2/11 Date Initials (DPW)

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202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	Exit doors to the outside from the sunroom and the sunporch were locked by an electro-magnetic locking system that would only release when a code was entered into a nearby key pad.	4/13/11 (immediately)	Electro-magnetic locking system was disconnected & disconnected from key pad release. One door is no longer in service due to construction. (sunporch) The other opens readily from inside. (sunroom) Maintenance Director will check weekly to ensure continued compliance. 6/2/11 By H-S.	6/2/11 A

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compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or				

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SIGNATURE OF LEGAL ENTITY <i>Regina Heilmann-Loth</i>	DATE 5/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. Frey</i>	DATE 6/2/11

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
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				

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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>Rayna Heilman-Toth</i>	DATE 5/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J. Frey</i>	DATE 6/2/11

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	<ul style="list-style-type: none"> Resident #3's assessment was undated. Therefore it could not be determined if the assessment had been completed annually. Resident #4's most recent assessment had been completed on 12/13/2009. 	5/11/11	<p>Staff will be instructed in the Chart Audit process, which will be immediately initiated after home.</p> <p>See attached Chart Audit form that will be used.</p> <p>Administrator/designee will check all future assessments as they occur.</p> <p>6/2/11 G. H. S.</p> <p>Chart audit will insure timely completion.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date: <u>6/2/11</u> Initials: <u>(DPW)</u></p>