

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ALBRIGHT CARE SERVICES

LEGAL ENTITY

To operate NORMANDIE RIDGE

NAME OF FACILITY OR AGENCY

Located at 1700 NORMANDIE DRIVE, YORK, PA 17408

(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 66
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 23, 2011 until June 23, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 351320

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 02 2011

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

Mr. Douglas L. Flasher, Executive Director
Albright Care Services
Normandie Ridge
1700 Normandie Drive
York, Pennsylvania 17408

Dear Mr. Flasher:

As a result of the Department of Public Welfare's licensing inspection on April 28, 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 flourish extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

RECEIVED TIME MAY. 24. 3:37PM

NAME AND ADDRESS OF PERSONAL CARE HOME NORMANDIE RIDGE, 1700 NORMANDIE DRIVE YORK, PA 17408		CURRENT LICENSE NUMBER 351320	
INSPECTION DATES (Include all dates of the inspection) 04/28/2011		REGIONAL REPRESENTATIVE Serena Chou, D Granahan	
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; margin: 0;">Rodney Brooks PC Admin</p>			
SIGNATURE OF LEGAL ENTITY <p style="font-size: 1.2em; margin: 0;">Rodney Brooks PC Admin</p>	DATE 5-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="font-size: 1.2em; margin: 0;">Sloan Smith</p>	DATE 5/25/11

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
60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	The home has 22 residents who are documented as having mobility needs on their assessments and support plans. On 4/17/11, 4/21/11, 4/22/11, 4/23/11, 4/25/11 and 4/26/11, the home scheduled one staff person from 10:15 pm to 4:45 am. Having one staff person working the overnight shift was not adequate to protect the health, safety and well-being of 22 residents with mobility needs in the event of an emergency.	5-1-2011	Between the hours of 9:45pm and 6:15 Am., two (2) staff members will be scheduled to accommodate the mobility needs of the residents	<p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em; margin: 0;">5/25/11 <i>SE</i></p> <p style="font-size: 0.8em; margin: 0;">Date Initials (DPW)</p>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Rodney Beards PC Admin</i>	DATE 5-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enrich</i>	DATE 5/25/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct this specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
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 fire drill record for the drills conducted from 12/2010 to 4/2011 does not include the number of residents present and evacuated or exits used by the residents during each drill. Repeated Violations: 04/19/2010	5-1-2011	<p><i>A master list of all fire drills performed in Personal Care, will be logged and audited monthly by the Personal Care Administrator and the Environmental Service Director + who will ensure that all of the required information is captured on the homes fire drill record -</i></p> <p align="right"><i>EE</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>5/25/11 BE</i></p> <p>Date Initials (DPW)</p>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME NORMANDIE RIDGE, 1700 NORMANDIE DRIVE YORK, PA 17408		CURRENT LICENSE NUMBER 351320	
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SIGNATURE OF LEGAL ENTITY <i>Rodney Brooks PC Admin</i>	DATE 5-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ewert</i>	DATE 5/25/11

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
132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	During the fire drill conducted 11/11/2010 at 2:30 am, only 1 direct care staff from the home participated, but a maintenance staff person and 5 staff members from the skilled nursing facility assisted with the fire drill. Repeated Violations: 04/19/2010	5-1-11	Between the hours of 9:45 pm and 6:15 am, two (2) staff members will be scheduled to accommodate mobility needs of the residents. Nursing facility staff rein - serviced on to not responding to fire drills in the Personal Care Section of the building	Steps have been taken to correct violation; full compliance is not verifiable 5/25/11 Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Rodney Brooks PCA Admin</i>	DATE 5-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ewert</i>	DATE 5/25/11

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #1's Acetaminophen expired on 11/30/10, but the medication was given to the resident on 3/19/11 and 4/12/11. Repeated Violations: 04/19/2010	5-1-2011	Med Techs will audit the medication carts medication on a monthly basis for expired medication. The identified medication was destroyed immediately and a new package was ordered. be Charge nurse shall monitor weekly x 3 months with random checks afterwards. Charge nurse will initial and document audits.	Steps have been taken to correct violation; full compliance is not verifiable 3/26/11 <i>SE</i> Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Rodney Brooks PC Admin</i>	DATE 5-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enoch</i>	DATE 5/26/11

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record (MAR) for resident #2 did not include staff initials that indicated that Lumigan eye drops were given on 4/20/11. Repeated Violations: 04/19/2010	5-2-2011	Med techs will review the medication administration record (MAR), after each med pass to assure all medications have been administered and initialed for. The charge nurse will audit the medication administration record (MAR) at the end of the shift daily for compliance. It was confirmed that Resident #2's medication was administered, and the MAR was updated.	Steps have been taken to correct violation; full compliance is not verifiable 5/26/11 <i>EE</i> Date Initials (DPW)

EE

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Rebecca Bando PC Admin</i>	DATE 5-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SC</i>	DATE 5/26/11

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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Corrected.</i>	

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #3's assessment of 4/6/2011, identified a mechanical soft, nectar thick liquids, no bread products diet. The resident's support plan did not address how the home would assist the resident in meeting this need.	5-1-2011	Change Nurse / Administrator will audit support plans to assure that accurate and up to date information is provided, on a monthly basis. Resident #3's support plan was updated to include special dietary needs. - GE	5/26/11 GE