

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERAN SOCIAL SERVICES OF SOUTH CENTRAL PENNSYLVANIA

To operate THE VILLAGE AT KELLY DRIVE

LEGAL ENTITY
NAME OF FACILITY OR AGENCY

Located at 750 KELLY DRIVE, YORK, PA 17404

(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 85
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 15, 2011 until June 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **350640**

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 20 2011

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

Mr. Robert Rundle, President/CEO
Lutheran Social Services of South Central Pennsylvania
1050 Pennsylvania Avenue
York, Pennsylvania 17404

RE: The Village at Kelly Drive
750 Kelly Drive
York, Pennsylvania 17404

Dear Mr. Rundle:

As a result of the Department of Public Welfare's licensing inspection on May 3, 2011 and May 12, 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.

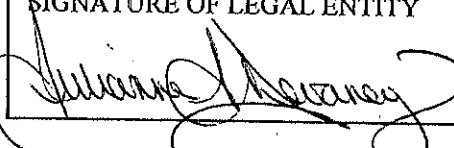
Sincerely,

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 THE VILLAGE AT KELLY DRIVE, 750 KELLY DRIVE YORK, PA 17404		CURRENT LICENSE NUMBER 350640	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Julianne Devaney, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 5/31/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>
			DATE 6/6/11

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
44g The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.	On 5/3/11, the facility had the incorrect telephone number for the personal care home complaint hotline on the Department's poster. The poster listed 1-800-254-5164 rather than the current personal care home complaint hotline number of 1-877-401-8835. PCH Division Central Region Field Office JUN 3 2011 RECEIVED	5/3/2011	Poster corrected and posted at time of inspection. Bi-annual mock surveys to be conducted at Kelly Manor. Survey tool includes checking required postings. Copy of tool attached Next mock survey scheduled for Sept. 29, 2011	6/6/11 RZE

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

Page ² of ¹³ 17

P. 002

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SIGNATURE OF LEGAL ENTITY <i>Julianne Devaney</i>		DATE 6/6/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>
			DATE 6/6/11

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
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	On 5/12/11, the baseboard heater in "1A lounge" measured at 123.9 degrees Fahrenheit and there were no protective guards in place.	8-31-2011	The baseboard heat unit in the "1A" lounge will be removed. A thru-wall PTAC unit will be installed to provide heat and air conditioning to the lounge. The heat unit has been shut down and will be removed by 6/3/2011. The new PTAC unit will be installed after electrical and mason work is completed.	Steps have been taken to correct violation; full compliance is not verifiable. <u>6/6/11</u> <i>BS</i> Date Initials (DPW)

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

3 13
Page # of 17

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SIGNATURE OF LEGAL ENTITY <i>Julianne Devaney</i>		DATE <i>6/6/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Enrich</i>
			DATE <i>6/6/11</i>

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	On 5/12/11, there was an uncovered trash can hanging on a cart in the dishwashing/sanitation area in the kitchen.	<i>June 3, 2011</i>	<i>New trash cans lids are being purchased that will avoid the need to be uncovered until ready to remove trash from kitchen area. Expected to be delivered by 6/3/2011. <photo attached></i> <i>Bi-annual mock survey at Kelly Manor to be conducted. Survey tool attached. Next one scheduled for 9/29/2011</i>	<i>6/6/11 JSE</i>

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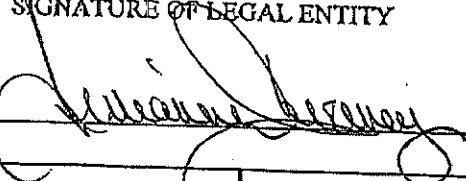
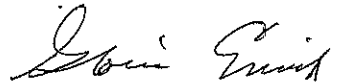
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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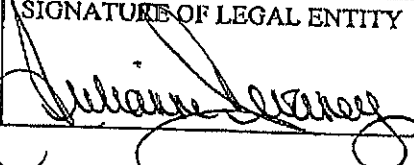
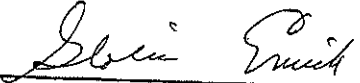
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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	<ul style="list-style-type: none"> On 5/3/11, there were unlabeled and undated metal cans containing unidentified substances covered with plastic wrap in the walk-in refrigerator. There was a bag of grated mozzarella cheese that had been opened and not dated in the walk-in refrigerator. There was a bag of frozen, skinless chicken breasts that had been opened and not dated in the walk-in freezer. 	May 23, 2011	<p>Corrected at time of survey.</p> <p>Dining services staff were re-trained on food safety - sign in sheet and training materials attached.</p> <p>Food safety walk-thru will be conducted weekly and documentation kept with any action plans necessary by manager/supervisor. Once monthly Food Safety audit also to be conducted to verify compliance.</p> <p>Tools attached</p> <p>Also, to be checked during bi-annual mock survey - scheduled on 9/29/2011 tool attached.</p>	6/6/11 BR

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

Page ⁵ 6 of ¹³ 17

P. 005

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103g Food shall be stored in closed or sealed containers.	<ul style="list-style-type: none"> • There were open containers of lemon and raspberry jelly that were not sealed in the walk-in refrigerator. • On 5/12/11, there was a half loaf of rye bread and 3 slices of raisin bread that had been opened and not sealed on the bread rack in the kitchen. • On 5/3/11, there was a individual glass serving container of chocolate pudding in the walk-in refrigerator that was not covered. 	June 1, 2011	<p>Two bread display cases were purchased for bread storage while in production or in use while in the kitchen - <i>(picture provided attached)</i></p> <p>Dining services staff were re-trained on 5/18 5/19 + 5/20 - attached.</p> <p>Bi-annual mock survey will be conducted and this area checked during survey. Tool used attached. Next mock survey scheduled for Sept. 29, 2011</p>	6/6/11 &c

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

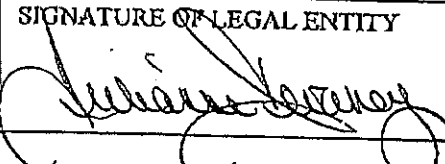
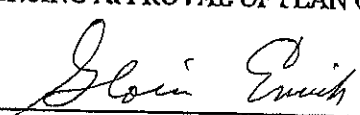
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 Page 8 of 17

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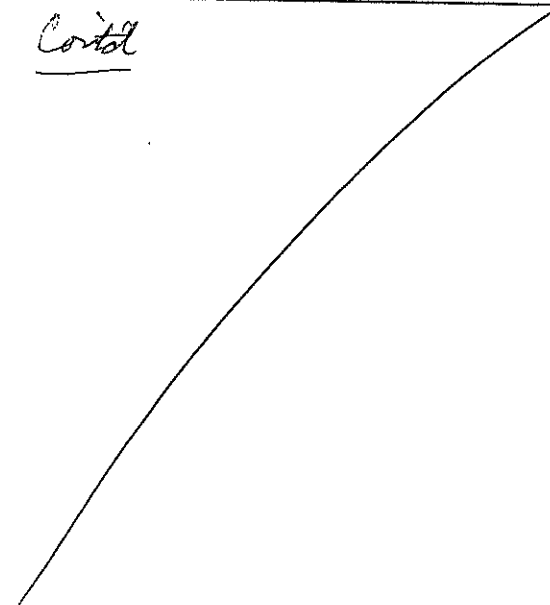
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<ul style="list-style-type: none"> • Resident #1, admitted 3/23/11, has a medical evaluation, dated 3/18/11, that refers to an attachment for medications; however the attachment is unsigned by the physician. • Resident #2's medical evaluation, dated 1/27/11, is blank for body positioning. The medical evaluation refers to an attachment for medical history; however the attachment is dated 12/26/10, prior to the medical evaluation. • Resident #3's medical evaluation, dated 1/24/11, is blank for body positioning. • Resident #4's medical evaluations, dated 9/22/10 and 10/20/10, are blank for body positioning. 	5-13-2011	<p>Medical evals were corrected and copies attached.</p> <p>Monthly QA audits of all new admissions and annual assessment/MA55 for previous month will be conducted by social services worker. QA tool attached.</p> <p>Bi-annual mock survey scheduled for Kelly Manor. These records will be reviewed - tool attached next Sunday 9-29-2011</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6/6/11 Date: _____ Initials (DPW): _____</p>

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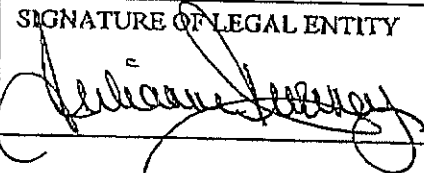
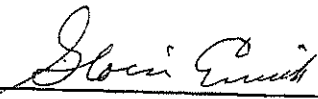
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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.			<u>Cortol</u> 	

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

Page ⁸ 13 of ¹³ 17

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181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	Resident #5 has a PRN order for <i>Nitroglycerin</i> , 0.4 mg which is to be self-administered. However, there is no physician order or documentation that allows for the self-administration of this medication by the resident.	5-3-2011	Corrected at time of inspection. Order rec'd. from physician to self-administer nitro by resident. Staff training provided on 5/26/2011 regarding this violation and self-administration of meds. Standards.	6/6/11 SE

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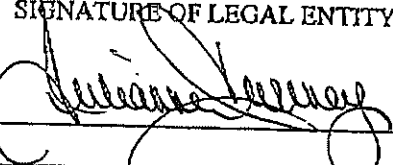
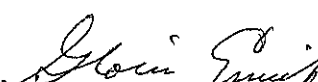
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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

P. 009

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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	The medication cart in "A hallway" contained a loose, round, white pill that was not identified with a pharmacy label or a resident's name.	6-30-2011	Corrected/removed pill from cart at time of inspection. Medication cart is too full and another med cart has been ordered to prevent overcrowding. Due to using punch packs for med. administration + overcrowding pills are pushing out of package.	Steps have been taken to correct violation; full compliance is not verifiable 6/6/11 BE Date Initials (DPW)

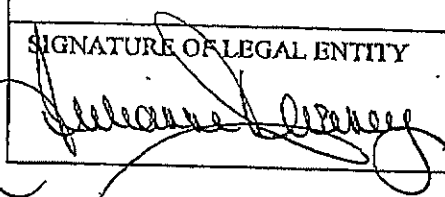
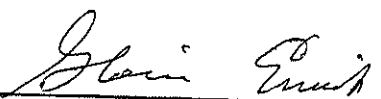
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Page 10 of 13
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P. 010

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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #8 has PRN orders for <i>Acetaminophen, 500 mg.</i> and <i>FML 0.17 eye ointment, 3.5 gm.</i> The medications were not in the medication cart in "A hallway."	5-3-2011 ongoing	Meds were ordered and delivered day of inspection. QA done on all PRN medications to ensure they were on hand for all residents Monthly report of all PRN's will be generated by pharmacy provider and QA audit will be done by night shift charge nurse or designee.	6/6/11 JSE

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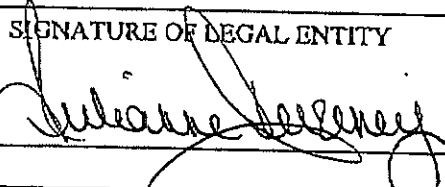
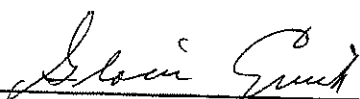
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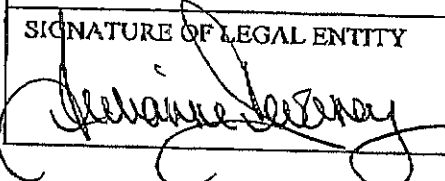

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Staff A administered 8:30 AM medications for resident #9 on 5/2/11, however did not sign the medication "master key" sheet for identification purposes. Repeated Violations: 06/30/2010	5-26-2011 <i>on-going</i>	All medication administration staff persons were re-trained on the expectations and standard that all MAR's are signed on their first working day of the month. All MAR's are checked/audited front and back at the end of each shift by med administration staff.	Steps have been taken to correct violation; full compliance is not verifiable 6/6/11 Date:  Initials (DPW)

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

P. 012

NAME AND ADDRESS OF PERSONAL CARE HOME THE VILLAGE AT KELLY DRIVE, 750 KELLY DRIVE YORK, PA 17404		CURRENT LICENSE NUMBER 350640	
INSPECTION DATES (Include all dates of the inspection) 05/03/2011		REGIONAL REPRESENTATIVE Doug Hoover, Rebecca Riel	
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 6/6/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/6/11

FAX No.

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.			<u>Cont'd.</u>	

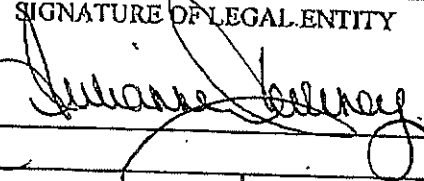
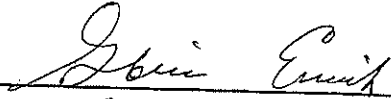
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Page ¹³ ¹³ of ¹⁷ ¹⁷

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening form for resident #10, dated 10/26/10, does not indicate whether the needs of the resident can be met by the services provided by the home.	5-3-2011 Ongoing	Corrected at time of survey Monthly QA audits of all new admissions and annual assessment/MASS for previous month will be conducted using attached tool by social services worker. Bi-annual mock surveys scheduled for Kelly Manor. These records will be surveyed - tool attached next mock survey scheduled for 9-29-2011.	Steps have been taken to correct violation; full compliance is not verifiable 6/6/11 DE Date Initials (DPW)

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P. 013

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