

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKDALE SENIOR LIVING COMMUNITIES, INC
LEGAL ENTITY

To operate WYNWOOD OF NORTHAMPTON MANOR
NAME OF FACILITY OR AGENCY

Located at 65 RICHBORO-NEWTOWN ROAD, RICHBORO, PA 18954
(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 120
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 23

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

No: 127140

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

AUG 03 2011

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

Mr. John P. Rijos, Co-President
Brookdale Senior Living Communities, Inc.
Wynwood of Northampton Manor
65 Richboro-Newtown Road
Richboro, Pennsylvania 18954

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on May 11, 2011 and May 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 "Ronald Melusky".

Ronald Melusky
Acting Director



Enclosures
License
Violation Report

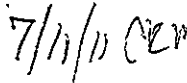
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WYNWOOD OF NORTHAMPTON MANOR, 65 RICHBORO NEWTOWN ROAD RICHBORO, PA 18954		CURRENT LICENSE NUMBER 127140	
INSPECTION DATES (Include all dates of the inspection) 05/11/2011, 5/13/11		REGIONAL REPRESENTATIVE Sandra Wooters, Roslyn Brewer	
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>Kim Cahill Esq ED</i>	DATE 6/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 7/10/11

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	-On 5/11/11, the homes reportable incident policy did not have procedures on the prevention of reportable incidents. -In the home reportable incident policy, the procedure for the management of reportable incidents conflicts with what the regulatory requirement is. Per regulations the resident's record must include a record of incident reports for the individual resident. The home written procedure is to "keep a copy of any documentation separate from a resident's medical record."	7/1/11	The Reportable Incidents and Conditions Policy has been revised and attached to the POC. Associates will be trained on the revised policy by 7/1/2011. The Executive Director or a designee will be responsible to verify compliance with the policy.	7/11/11 <i>CJM</i>

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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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<ul style="list-style-type: none"> - The contracts for residents #1, admitted 6/22/09 and resident #2, admitted 2/10/11 were not signed by the residents upon admission to the home. -The contract for resident #3, admitted 1/14/11, was not signed by the resident or the administrator, staff person A, until 1/19/11. 	5/20/11	<p>The home reviewed the residency agreement with Resident's #1 and #2 and both were signed on 5/20/2011. The Executive Director or designee will review all residency agreements and follow up with resident and responsible person, and obtain the signatures as required. Prior to filing the residency agreement in the resident's administrative record, the Executive Director or designee will review the residency agreement to verify it has been filled out appropriately.</p>	7/11/11 

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SIGNATURE OF LEGAL ENTITY <i>Don Cahill</i> ED	DATE 6/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 7/10/11

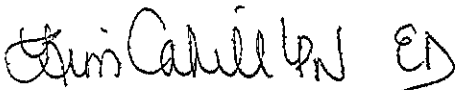

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42c A resident shall be treated with dignity and respect.	On May 6, 2011 at 7pm two staff overheard resident #4 ask staff person B to change the urine soaked pad on the wheeler and staff person B refused to assist the resident with this need.	5/20/11	Staff person B was given documented coaching on resident rights as related to dignity and respect of the resident. All staff was retrained on resident's rights including the right to be treated with dignity and respect on 5/20/11. This training will be conducted on an annual basis and as needed basis. The Executive Director or a designee will be responsible to ensure compliance.	Steps have been taken to correct violation; full compliance is now verifiable <i>[Signature]</i> Date 7/12/11 Initials (DPW)

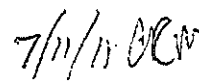
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SIGNATURE OF LEGAL ENTITY <i>Tom Cahill RN Ed</i>	DATE 6/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 7/11/11


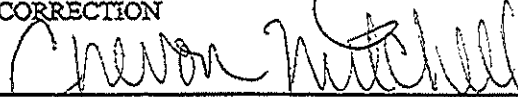
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65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	The following Ancillary staff persons did not have documentation that they have been oriented to their job functions: <ul style="list-style-type: none"> • Staff person C, dietary aide, hired on 9/13/10 • Staff person D, activity assistant, hired on 11/2/10 • Staff person E, activity assistant, hired on 12/7/10 • Staff person F, dietary aide, hired on 4/6/11 	5/27/11	The appropriate training orientation requirements for the community ancillary staff was added on 5/27/11 to the community's Pennsylvania Associate Training Record (please see attached) The Business Office Manager or designee will review this documentation for new ancillary staff to verify they have received the necessary training. The Executive Director will review all new hire paperwork prior to filing in the personnel file.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">Date _____ Initials (DPW) _____</p>

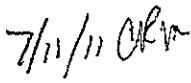
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§9b Hot water temperature in areas accessible to the resident may not exceed 120°F.	<p>On 5/13/11, between 10:00 am and 11:00 am, the water temperature in the following areas of the home exceed the allowable temperature:</p> <ul style="list-style-type: none"> • the kitchen sink located in the Secure Dementia Unit measured 127.5 degrees Fahrenheit. • the kitchenette sink in room G01, located in the Secure Dementia Unit, measured 129.3 degrees Fahrenheit. • the kitchenette sink in room G06, located in the Secure Dementia Unit, measured 127.2 degrees Fahrenheit. • the bathroom sink in room G07, located in the Secure Dementia Unit, measured 126.1 degrees Fahrenheit. • the kitchenette sink in resident room 107, measured 123.0 degrees Fahrenheit. 	5/13/11	<p>Mixing valve was adjusted and water temperature was corrected at time of survey. Water temperature is monitored by the Maintenance Technician and or designee. The Executive Director and or designee Will monitor temperature logs on a weekly basis.</p>	7/11/11 

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 5/13/11, at 10:00am, there was no thermometer in the freezer located in the kitchen of the SCDU.	5/13/11	Thermometer was replaced at time of survey. A daily temperature log will be used to monitor refrigerators and freezers for thermometer placement. The Executive Director and or designee will audit the checklist weekly for compliance. (See Attached)	

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

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SIGNATURE OF LEGAL ENTITY <i>Tim Cahill (w) CD</i>	DATE 6/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 7/11/11



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152h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p>According to multiple residents and staff, during a fire drill residents can remain in their room and are not required to leave their room to evacuate to a fire safe area. The staff place a tag on the residents door to indicate "occupied" if the residents remain in their room.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th><u>Mont</u></th> <th><u>Date</u></th> <th><u>Time</u></th> <th><u>Evac. Time</u></th> <th><u>FSE</u></th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/17/2011</td><td>01:30 PM</td><td>4min 10 secon</td><td>No</td></tr> <tr><td>Feb</td><td>02/15/2011</td><td>03:30 PM</td><td>4min 40 secon</td><td>No</td></tr> <tr><td>Mar</td><td>03/16/2011</td><td>04:00 AM</td><td>4min 50 secon</td><td>No</td></tr> <tr><td>Apr</td><td>04/14/2011</td><td>07:00 PM</td><td>4min 30 secon</td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td>11/16/2010</td><td>04:00 AM</td><td>4min 56 secon</td><td>No</td></tr> <tr><td>Dec</td><td>12/20/2010</td><td>10:30 AM</td><td>4min 35 secon</td><td>No</td></tr> </tbody> </table>	<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>	Jan	01/17/2011	01:30 PM	4min 10 secon	No	Feb	02/15/2011	03:30 PM	4min 40 secon	No	Mar	03/16/2011	04:00 AM	4min 50 secon	No	Apr	04/14/2011	07:00 PM	4min 30 secon	No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov	11/16/2010	04:00 AM	4min 56 secon	No	Dec	12/20/2010	10:30 AM	4min 35 secon	No	6/24/11	<p>Staff shall be retrained by 6/24/11 on evacuating residents to a designated fire safe area during each fire drill in accordance with the community's policy. Drills will be conducted monthly to maintain compliance with regulation. Executive Director and or designee will monitor monthly drills for compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not yet attainable</p> <p><i>[Signature]</i> Date: _____ Initials (DPW)</p>
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Tom Cahill ED</i>	DATE 6/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aaron Mitchell</i>	DATE 7/11/11

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.	The medical evaluation for resident #3, dated 1/14/11, had a list of medications attached which was not signed or dated by the physician.	6/30/11	Medication and diagnosis attachment for resident # 3 were reviewed and signed by physician on 5/16/11. The Health and Wellness Director or designee will review all attachments to medical evaluations by 6/30/2011. The Executive Director and or designee will conduct weekly audits for 90 days and then monthly thereafter for compliance.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 7/11/11 Initials (DPW)

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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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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's medical evaluation dated 4/1/11 indicates that the resident cannot self administer medications. Both the assessment and support plan, dated 4/16/11, indicates that the resident can self administer medications.	5/16/11	The Medical Evaluation form for Resident #5 has been reviewed and has the correct box checked noting that the resident is able to self administer medications. Physician noted he checked the wrong box by marking "error" in the "cannot self administer medications" box. The assessment and support plans are accurate and match the medical evaluations. (See attached)	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>[Signature]</i> Date Initials (DPW)</p>



WYNWOOD

BRÖÖKDALE SENIOR LIVING

Supplement to POC for Wynwood Northampton Manor- Inspection dates 5/11 and 5/13/11

Regulation 181c- Health and Wellness Director or designee will review all MA-55 to ensure support plan and assessment reflect same information, prior to filing in medical record. Random audits will be conducted by Executive Director or designee.

Regulation 187d- Health and Wellness Director or designee will review all physicians orders to ensure being documented and followed, prior to filing in medical record. Random audits will be conducted by Executive Director or designee.

Regulation 233c- Postings at the key padded, delayed egress doors, will be checked monthly by maintenance manager or designee to ensure posting of instructions and key code are present

Submitting as addendum to previous submitted POC dated 6/9/11

Kim Cahill (RN) 6/29/11

Kim Cahill, LPN,

Executive Director

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SIGNATURE OF LEGAL ENTITY <i>Jim Cahill (R) ES</i>	DATE 6/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Mitchell</i>	DATE 7/11/11

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187d The home shall follow the directions of the prescriber.	<ul style="list-style-type: none"> • Resident #6 has an order, dated 5/4/11, to cleanse a skin tear on the left arm with soap, H2O, pat dry and apply triple antibiotics. There is no indication on the May, 2011, medication administration record, that this treatment was completed on 5/4, 5/6, 5/8, 5/10 or 5/12/11. • Residents #7, #8 and #9 medications were crushed on 5/13/11, then put into applesauce. The home did not have an order to put the medications in applesauce to administer. 	6/1/11	Resident #6 is receiving Hospice services and the Hospice RN was completing treatments to the resident's arm in accordance with a physician's order. Medication Administration record does indicate that "Hospice to do" and attached documentation indicates the same, including "healed and discontinued treatment on 5/9/11. Attached documentation indicates the same. Residents # 7, 8, 9 received crush orders on 5/13/2011. All residents have standing orders to crush medications and mix with food	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i></p> <p>Date _____ Initials (DPW) _____</p> </div>

of choice as of 6/1/11.



WYNWOOD

BRÖOKDALE SENIOR LIVING

Supplement to POC for Wynwood Northampton Manor- Inspection dates 5/11 and 5/13/11

Regulation 181c- Health and Wellness Director or designee will review all MA-55 to ensure support plan and assessment reflect same information, prior to filling in medical record. Random audits will be conducted by Executive Director or designee.

Regulation 187d- Health and Wellness Director or designee will review all physicians orders to ensure being documented and followed, prior to filling in medical record. Random audits will be conducted by Executive Director or designee.

Regulation 233c- Postings at the key padded, delayed egress doors, will be checked monthly by maintenance manager or designee to ensure posting of instructions and key code are present

Submitting as addendum to previous submitted POC dated 6/9/11

Kim Cahill (RN) 6/29/11

Kim Cahill, LPN,

Executive Director

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

NAME AND ADDRESS OF PERSONAL CARE HOME WYNWOOD OF NORTHAMPTON MANOR, 65 RICHBORO NEWTOWN ROAD RICHBORO, PA 18954		CURRENT LICENSE NUMBER 127140	
INSPECTION DATES (include all dates of the inspection) 05/11/2011, 5/13/11		REGIONAL REPRESENTATIVE Sandra Wooters, Roslyn Brewer	
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>Kim Cahill (W) ED</i>	DATE 6/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 7/10/11

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
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.	<p>- The date that the preadmission screening form was completed was blank for the following residents:</p> <ul style="list-style-type: none"> • Resident # 2 admitted 2/11/11 • Resident #3 admitted 1/14/11 • Resident #4 admitted 4/14/11 • Resident #5 admitted 4/1/11 • Resident #10 admitted 5/6/10 • Resident #11 admitted 10/29/10 • Resident #12 admitted 2/19/11 • Resident #13 admitted 3/24/11 <p>- Resident #14, admitted 3/31/11, did not have documentation that a pre-admission screening form was completed prior to admission to indicate that the home can meet the needs of the resident.</p> <p>Repeated Violations: 02/17/2010</p>	5/27/11	<p>Prescreens for residents #2, 3, 4, 5, 10, 11, 12, 13 were corrected on 5/27/11. The Health and Wellness Director or a designee will review all pre admission screen forms to ensure the home can meet the needs of the residents.</p> <p>The Health and Wellness Director and or designee will review all pre admission screening paperwork prior to move in for compliance and completion in all areas. The Executive Director or a designee will review preadmission agreements prior to or at the time of move in to ensure that they are dated and completed in full for each new</p>	7/10/11 <i>CRM</i>



move in times two months and then randomly thereafter to verify compliance.

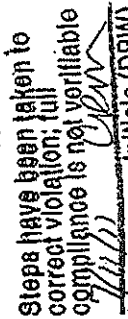
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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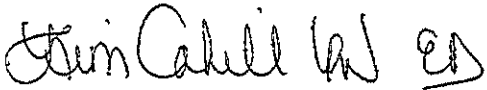

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #10, who resides in the Secure Dementia Unit, is required to have two support plans; one within 72 hours and another within 30 days of admission. Resident #10 was admitted to the home on 5/6/10. The first required SDCU initial support plan was completed on 5/7/10 but the home did not developed the second required support plan until 11/7/10. Repeated Violations: 02/17/2010	5/16/11	The community created a tracking tool to better assist the Health and Wellness Director to verify the resident support plans and assessments are completed pursuant to the applicable requirements. The Executive Director or designee will conduct weekly audits for three months then monthly thereafter for compliance. Support plans were corrected at time of inspection. The Health and Wellness Director and or designee, will monitor support plans for accuracy.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date: <u>7/11/11</u> Initials (DPW): <u>[Signature]</u></p>

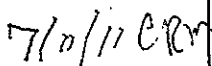
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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.	<p>- Resident #13's May, 2011 physician order sheet indicates that the resident has a bed alarm and should be checked when in bed "q shift". The support plan dated 3/27/11 does not indicate how the home will assist the resident in meeting this need.</p> <p>- On 5/2/11, resident #14's physician ordered wound care; on 5/4/11 physical therapy recommended arm bolsters and the use of a transfer belt to aid in positioning to reduce skin tears. The resident's support plan, dated 4/16/11, does not address how the home will assist the resident in meeting these needs.</p>	5/16/11	<p>The support plans were corrected on 5/16/11 for Resident #13 and #14 and now indicate how the home will assist in meeting the residents' needs.</p> <p>The Health and Wellness Director and or designee will review all support plans for care needs as indicated on the physician order sheets. The Executive Director and or designee will conduct weekly audits for three months then monthly thereafter for compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Initials (DPW)</p> <p>Date</p>

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233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	<p>-The directions for operating the home's locking mechanism are not conspicuously posted near the SDCU exit door to the garden patio, the kitchen side exit door and the patio gate exit.</p> <p>-The kitchen side patio door is lock and does not have a mechanism to gain entrance back into the SDCU, should a resident go outside to the patio.</p>	6/30/11	<p>Directions for the locking mechanisms were posted at the Garden Patio exit door on 5/16/2011.</p> <p>A key pad will be installed on the outside garden patio door by, June 30, 2011.</p> <p align="center">(see addendum sheet.)</p>	7/11/11 



WYNWOOD

BRÓOKDALE SENIOR LIVING

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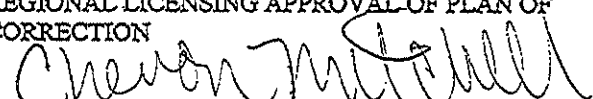
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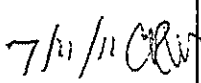
Kim Cahill (RN) 6/29/11

Kim Cahill, LPN,

Executive Director

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident #15's records, who was discharged on 4/12/11, does not include the reason for the transfer or the destination of the resident upon their discharge. Repeated Violations: 02/17/2010	5/20/11	A room release form which indicated the destination of the resident is located in the resident's administrative record. (See attached.) The business office manager will review all discharged resident records for a room release form. The Executive Director and or designee will review the room release forms for completion prior to filing in the administration file	7/11/11 

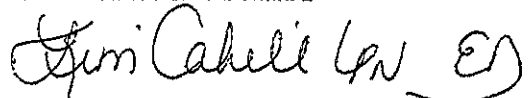
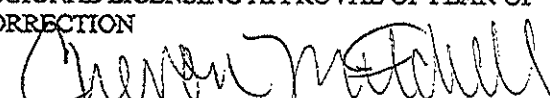
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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

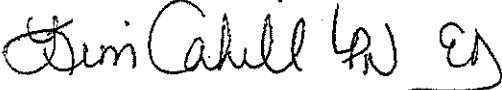

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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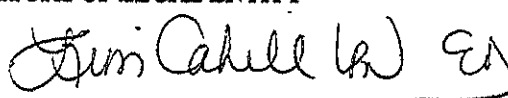
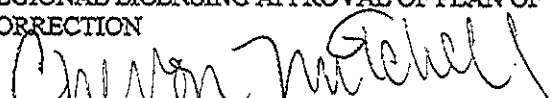
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				