

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GLENCREST MANOR, INC.

To operate GLENCREST MANOR

Located at 115 GLENCREST ROAD, COATESVILLE, PA 19320

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

The total number of persons which may be cared for at one time may not exceed 8
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

and shall remain in effect from July 21, 2011 until July 21, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 197800

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

AUG 04 2011

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

Ms. Barbara Martinez, Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, Pennsylvania 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, Pennsylvania 19320

Dear Ms. Martinez:

As a result of the Department of Public Welfare's licensing inspection on May 17, 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 GLENCREST MANOR, 115 GLENCREST ROAD COATESVILLE, PA 19320		CURRENT LICENSE NUMBER 197800	
INSPECTION DATES (Include all dates of the inspection) 05/17/2011		REGIONAL REPRESENTATIVE Serena Chou, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Barbara Martinez, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Barbara Martinez</i>	DATE <i>6/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>7/15/11</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
<p>65g</p> <p>Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.</p> <p>(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.</p> <p>(3) Resident rights (under these</p>	<p>Ancillary staff person A did not receive training in falls and accident prevention, and Older Adult Protective Services Act during training year from July 2009 to June 2010.</p>	<p><i>6/15/11</i></p>	<p><i>Older Adult Protective Service Act completed.</i></p> <p><i>Falls and accident prevention will be completed within six months or the next available class.</i></p> <p><i>On the training sheet will identify the training that has to be done yearly so this training will not be missed.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>7/15/11</i> Date</p> <p style="text-align: center;"><i>[Signature]</i> Initials (DPW)</p>	<p style="text-align: center;"><i>7/15/11</i> Date</p>

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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.				

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185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive	The home's procedures for the safe use of medications and medical equipment do not include a process to investigate and account for missing medication and medication errors.	<i>7/29/11</i>	<i>Glencrest Manor will develop a process to investigate and account for missing medication and medication errors in more detail. Glencrest Manor will review medication policy annual during the policy/procedure review for any updates or corrections</i>	<i>Steps have been taken to correct violation; full compliance is not available</i> <i>7/15/11</i> Date Initials (DPW)

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medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.				

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME GLENCREST MANOR, 115 GLENCREST ROAD COATESVILLE, PA 19520		CURRENT LICENSE NUMBER 197800	
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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	The medication administration record for resident #1 does not include initials for the administration of Lorazepam on 5/4/11, 5/6/11, 5/7/11, and 5/8/2011, but was documented on the Controlled Substance Record.	<i>6/16/11</i>	<i>Will make corrections and document administering controlled substance in the back of the MAR's to reflect the documentation in the narcotics book. Will flag the narcotics book with a note to document in MAR's with note in back of MAR's.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>7/15/11</i> Date Initials (DPW) <i>[Signature]</i>

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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.				