

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to UNITED ZION RETIREMENT COMMUNITY, INC.

To operate UNITED ZION RETIREMENT COMMUNITY

Located at 722 FURNACE HILLS PIKE, LITITZ, PA. 17543

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE
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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 49
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 August 14, 2011 until August 14, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321810

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 24 2011

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

Ms. Jennifer L. Givler, LPN/Administrator
United Zion Retirement Community, Inc.
United Zion Retirement Community
722 Furnace Hills Pike
Lititz, Pennsylvania 17543

Dear Ms. Givler:

As a result of the Department of Public Welfare's licensing inspection on June 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 UNITED ZION RETIREMENT COMMUNITY, 722 FURNACE HILLS PIKE LITITZ, PA 17543		CURRENT LICENSE NUMBER 321810	
INSPECTION DATES (Include all dates of the inspection) 06/13/2011		REGIONAL REPRESENTATIVE Rebecca Riel, Denny Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Givler, PCHA</i>			
SIGNATURE OF LEGAL ENTITY <i>Jennifer Givler, PCHA</i>		DATE 7/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil P. Cody</i>
			DATE 8/4/11

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
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The last fire drill observed by a fire safety expert was conducted on 8/12/2009.	7/15/11	attachment A	NSC 8/4/11



Memo

To: DPW

From: Jennifer Givler

Date: 7/14/2011

Re: Supervised Fire Drill and Fire Safety Inspection 55 Pa. Code 2600.132(b)

Our observed fire drill was August 2010, Brunnerville and Litz Fire Departments were present. As a new protocol I will have the Fire chief sign the prepared letter stating the date, time, and particulars about the fire chief present for the evacuation.

Jennifer Givler, PCHH

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SIGNATURE OF LEGAL ENTITY <i>Jennifer Givler, PCHA</i>		DATE 7/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil L. Coody</i>
			DATE 8/4/11

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SIGNATURE OF LEGAL ENTITY <i>Jennifer Givler, PCHA</i>	DATE 7/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil L. Coag</i>
		DATE 8/4/11

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 diagnoses 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"> • The medical evaluation for Resident #1, dated #1, states "see attached" for the medications section; however, a different doctor signed the attachment. • The medical evaluation for Resident #2, dated 3/17/2011, states "see attached" for the treatment/therapies, diet and body positioning sections, but there is nothing relating to these areas on the attachment. Also, the medications and diagnoses sections say "see attached", but the attachment is not signed or dated. • The medical evaluation for Resident #3, dated 5/6/2011, states "see attached" for the medical history, diagnoses, medications and allergies sections, but the attachment is not signed or dated. 	<p align="center">7/15/11</p> <p align="center">8/15/11</p>	<p align="center">attachment B</p> <p align="center">THE MEDICAL EVALUATIONS FOR RESIDENTS #1, 2 AND 3 WILL BE UPDATED TO INCLUDE THE MISSING INFORMATION OR CORRECT ATTACHMENTS.</p>	<p align="center">Steps have been taken to correct violation; full compliance is not verified.</p> <p align="center">8/4/11 Date</p> <p align="center">NSC Initials (DPW)</p>



Memo

To: DPW

From: Jennifer Givler

Date: 7/15/2011

Re: DPW Regulation 141a

A memo will be sent along with the MA51 to encourage compliance.

The Shift Leader (Med Tech or LPN) will ensure that the "see attached" is indeed attached and the appropriate information is present. If not, then the Shift Leader will contact the Physician's office and get it clarified and or signed/dated by the attending Physician.

Jennifer Givler, PCHA

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		DATE 8/4/11

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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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228e The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.	Resident #8 was discharged to a higher level of care. The resident's record does not include the date of discharge; the reason for discharge; or the destination of the resident.	7/15/11 8/15/11	Attachment C THE RECORD FOR RESIDENT #8 WILL BE UPDATED WITH THE DATE OF AND REASON FOR DISCHARGE AND THE DESTINATION OF THE RESIDENT.	Steps have been taken to correct violation; full compliance is not verified <i>NSK</i> Initials (DPW) 8/4/11 Date



United Zion Retirement Community
Policy & Procedure
Department:

Policy Name: Personal Care Directives for Resident Discharge

Responsible Department(s): Shift Leader in PC

Policy Statement:

It shall be the policy of the United Zion Retirement Community Personal Care Shift Leader to document in the nurses notes the date, the medical diagnosis and the destination of the resident. The PC Services will be delivered in a manner consistent with the duty of care obligations established with their residents, to UZRC's determined standards of care, and in compliance with 55PA Code 2600 governing the licensure and operation of Personal Care providers.

Procedures:

UZRC will maintain this policy by clearly documenting in the interdisciplinary notes the date of transfer, the residents medical diagnosis and the residents destination.

Last Reviewed/Revised Date: 7/13/11 By: Jennifer Seiler RN

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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.	<ul style="list-style-type: none"> • On 5/13/2011, Resident 4's assessment determined that the resident needs blood pressure monitoring, special skin care precautions and monthly weight checks. The resident's support plan does not address how the home will assist the resident in meeting these needs. • On 3/25/2011, Resident 5's assessment determined that the resident needs blood pressure monitoring, weight checks and fasting blood sugars. The resident's support plan does not address how the home will assist the resident in meeting these needs. • On 3/8/2011, Resident 6's assessment determined that the resident needs blood pressure monitoring and mechanical soft diet. The resident's support plan does not address how the home will assist the resident in meeting these needs. • On 3/23/2011, it is noted in Resident 7's chart that the resident has difficulty swallowing and on 3/24/2011, it was recommended that the resident use adaptive eating equipment. The resident's support plan does not address how the home will assist the resident in meeting these needs. 	7/15/11	attachment D	Steps have been taken to correct violation; full compliance is not verifiable 8/4/11 Date NSC Initials (DPW)



Memo

To: DPW

From: Jennifer Givler

Date: 7/15/2011

Re: Regulation 55 Pa. Code 2600 227d

In response to the blood pressure and weights, our staff does monthly monitoring for our residents. We follow Doctors orders if needed more frequently. I will ensure this is added to the Support Plan. Going forward we will have a calendar that each shift will review and initial that they have reviewed a chart/ Support Plan and Assessment and relayed any changes to the PCHA for updating.

- Resident 4's special skin care is referring to [redacted] Diagnosis of Diabetes and need to check skin/ feet for any open/ sore areas. This will be added to his Support Plan and his Treatment plan,
- Resident 5, the fasting sugars are addressed in the MAR and will be added to the Support Plan. The Shift Leader obtains the accuchecks as per the Doctors orders.
- Resident 6, mechanical soft diet, the dietary dept. is given a form to notify them of the changes and is placed on the meal tickets.
- Resident 7, the dining room has the adaptive equipment and assists the residents by reading the meal Tickets and dispensing the appropriate equipment to each resident when the meal is delivered to them.
- As a follow up the PCHA will do quarterly reviews of the records to ensure completeness of the records.

1. February
2. May
3. August
4. November