

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PASSAVANT RETIREMENT AND HEALTH CENTER

To operate PASSAVANT RETIREMENT & HEALTH CENTER - NEWHAVEN COURT

Located at 100 BURGESS DRIVE, ZELIENOPLE, PA 16063

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 164
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 September 18, 2011 until September 18, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 424060

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

AUG 24 2011

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

Ms. Laura R. Roy, Executive Director
Passavant Retirement and Health Center
401 S. Main Street
Zelienople, Pennsylvania 16063

RE: Passavant Retirement and Health Center – Newhaven Court
100 Burgess Drive
Zelienople, Pennsylvania 16063

Dear Ms. Roy:

As a result of the Department of Public Welfare's licensing inspection on June 28, 2011 and June 29, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Acting Director

Enclosure
License

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

NAME AND ADDRESS OF PERSONAL CARE HOME PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT, 100 BURGESS DRIVE ZELLENOPLE, PA 16063		CURRENT LICENSE NUMBER 424060	
INSPECTION DATES (include all dates of the inspection) 06/28/2011, 6/29/11		REGIONAL REPRESENTATIVE Amanda Schumacher, Brenda McAfee, Amanda Schumacher, Brenda McAfee	
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>Roman Meng, RN PCHA</i>	DATE 7/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan D. ...</i>	DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
1017 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed in room 186 does not have a source of light that can be turned on/off from bedside. <div data-bbox="451 954 892 1247" style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center">Western Region</p> <p align="center">AUG 05 2011</p> <p align="center">Adult Residential Licensing</p> </div>	6/28/11 BM	Resident did not want [redacted] lamp moved. A bedside push button light has been placed on Resident's night stand. All rooms are inspected for safety and compliance on a monthly basis. From this date forward, particular attention has been placed on Reg. 1017. All Resident Coordinators have been educated on this regulation. Monthly inspection monitors are reviewed by Administrator and The Continuous Quality Improvement Team during the monthly meeting.	8-5-11 9

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

NAME AND ADDRESS OF PERSONAL CARE HOME PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT, 100 BURGESS DRIVE ZELLENOPLE, PA 16053		CURRENT LICENSE NUMBER 424060	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011, 6/29/11		REGIONAL REPRESENTATIVE Amanda Schumacher, Brenda McAfee, Amanda Schumacher, Brenda McAfee	
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 7/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
144b The home rules shall specify whether the home is designated as smoking or non-smoking.	The home's smoking policy does not indicate the designated smoking areas.	6/28/11 BM	The current smoking policy was revised to specify designated smoking areas for both residents and employees. New employees are oriented to this policy and shown the areas upon new hire orientation. New residents are oriented to and shown this area on admission. This orientation is documented on each new employees Fire Safety and Emergency Preparedness orientation checklist and on each new resident's "Newcomer's Protocol" checklist. The Administrator, or designated person, will review the checklists from this date forward. All employees at Newhaven Court have been educated on the changes in the policy and checklist for residents.	8-5-11 9

Western Region

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

NAME AND ADDRESS OF PERSONAL CARE HOME PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT, 100 BURGESS DRIVE ZELLENOPLE, PA 16063		CURRENT LICENSE NUMBER 424060	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011, 6/29/11		REGIONAL REPRESENTATIVE Amanda Schumacher, Brenda McAfee, Amanda Schumacher, Brenda McAfee	
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>Roman Thompson, PLHA</i>	DATE 7/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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	<p>The medication administration record for resident #1 does not include a diagnosis for Aspirin 326mg (take 1 tab by mouth every day).</p> <p>The medication administration record for resident #2 does not include the initials for the person administering the following medications:</p> <ul style="list-style-type: none"> • Lipitor 10mg at 8:00pm on 6/12/11 • Galantamine 8mg at 8:00pm on 6/12/11 • Lisinopril 20mg at 8:00 pm on 6/13/11 	<p>6/28/11 BM</p> <p>6/30/11 BM</p>	<p>Resident #1 physician was contacted for diagnosis and MAR was corrected. From this point forward, the LPN receiving and transcribing medications will ensure that each medication has a diagnosis.</p> <p>Direct care staff have been re-educated on medication administration procedure, stressing the need to initial MAR after medication is given. All MAR's will be monitored, by a designated staff member, for completion to include initials for administered meds, and diagnoses for each medication. The monitors will be completed monthly and reviewed for compliance by the Administrator and</p>	<p>8-5-11</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Western Region</p> <p>AUG 05 2011</p> </div>		<p>Continuous Quality Improvement Team monthly.</p>		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Adult Residential Licensing</p> </div>				

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

NAME AND ADDRESS OF PERSONAL CARE HOME PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT, 100 BURGESS DRIVE ZELLENOPLE, PA 16869		CURRENT LICENSE NUMBER 424060	
INSPECTION DATES (include all dates of the inspection) 06/28/2011, 6/29/11		REGIONAL REPRESENTATIVE Amanda Schumacher, Brenda McAfee, Amanda Schumacher, Brenda McAfee	
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>Roman Mennigh, PCMA</i>	DATE 7/14/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 8-5-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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.				

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AUG 05 2011

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