

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SACRED HEART ASSISTED LIVING BY SAUCON CREEK, LLC

LEGAL ENTITY

To operate SACRED HEART SENIOR LIVING

NAME OF FACILITY OR AGENCY

Located at 4801 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034

(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 40
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 August 2, 2011 until August 2, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 220800

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

Mr. James Kusko, President
Sacred Heart Assisted Living by Saucon Creek, LLC
3910 Adler Place, Suite 100
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Senior Living
4801 Saucon Creek Road
Center Valley, Pennsylvania 18034

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on June 30, 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.

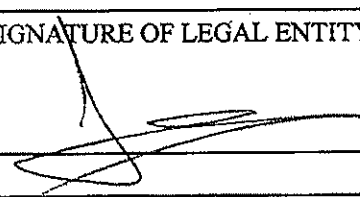
Sincerely,

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 SACRED HEART SENIOR LIVING, 4801 SAUCON CREEK ROAD CENTER VALLEY, PA 18034 | | CURRENT LICENSE NUMBER 220800 | |
| INSPECTION DATES (Include all dates of the inspection) 06/30/2011 | | REGIONAL REPRESENTATIVE Florence Babiarz, Jason Harvey | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) James Kusko, President Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member Sacred Heart Assisted Living by Saucon Creek, LLC | | | |
| SIGNATURE OF LEGAL ENTITY  | | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Moskalczyk | DATE 7-15-11 |

| 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 |
|---|---|-----------------------------|---|--|
| 132f Alternate exit routes shall be used during fire drills. | The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used all exits during monthly fire drills on the following dates: 6/20/2010, 7/28/2010, 8/30/2010, 9/30/2010, 10/29/2010, 11/29/2010, 12/7/2010 and 1/28/2011. | 15 JULY 2011 | <ul style="list-style-type: none"> -ADMINISTRATOR WILL REVIEW WITH MAINTENANCE DIRECTOR OF DPW REGULATIONS RELATING TO PROPERLY CONDUCTING MONTHLY FIRE DRILLS -TO USE ALTERNATE EXIT ROUTES -DISPLAY A DOUBLE-SIDED SIGN "FIRE-KEEP OUT" TO INDICATE LOCATION OF HYPOTHETICAL FIRE -COMPLETE MONTHLY FIRE DRILL LOG INDICATING SPECIFIC LOCATION OF HYPOTHETICAL FIRE -COMPLETE MONTHLY FIRE DRILL LOG INDICATING ALTERNATE EVACUATION ROUTE(S) USED "EXCEPT" ROUTE(S) NOT USED NEAR LOCATION OF HYPOTHETICAL FIRE -MAINTENANCE DIRECTOR TO REPORT FIRE DRILL OUTCOME TO ADMINISTRATOR UPON COMPLETION | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7-15-11 MM</p> <p>Date Initials (DPW)</p> |

RECEIVED

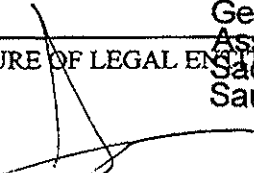
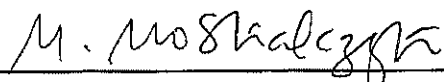
JUL 15 2011

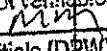
SCRANTON FIELD OFFICE
Adult Residential Licensing

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

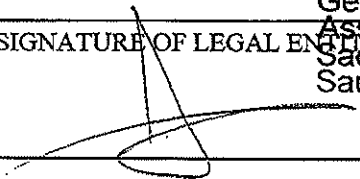
| | | | |
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|--------------------------------|--|-----------------------------|---|-----------------------------|------------|-----|-----|------------|----------|-------------|----|-----|------------|----------|-------------|----|-----|------------|----------|-------------|----|-----|------------|----------|-------------|----|-----|------------|----------|-------------|----|-----|------------|----------|------------|----|-----|------------|----------|-------------|----|-----|------------|----------|------------|----|-----|------------|----------|-------------|----|-----|------------|----------|-------------|----|-----|------------|----------|------------|----|-----|------------|----------|-------------|----|--------------|-----------------|--|
| | <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/28/2011</td><td>10:00 AM</td><td>3min, 45sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/25/2011</td><td>08:25 PM</td><td>4min, 20sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/30/2011</td><td>07:45 AM</td><td>3min, 48sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/27/2011</td><td>10:15 PM</td><td>5min, 15sec</td><td>No</td></tr> <tr><td>May</td><td>05/30/2011</td><td>05:30 AM</td><td>6min, 13sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/29/2011</td><td>07:55 AM</td><td>5min, 0sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/28/2010</td><td>10:55 AM</td><td>3min, 36sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2010</td><td>11:00 AM</td><td>4min, 0sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/30/2010</td><td>07:30 AM</td><td>4min, 50sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/29/2010</td><td>08:10 AM</td><td>5min, 10sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/29/2010</td><td>01:05 PM</td><td>4min, 0sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/07/2010</td><td>02:40 PM</td><td>3min, 50sec</td><td>No</td></tr> </tbody> </table> | Mont | Date | Time | Evac. Time | FSE | Jan | 01/28/2011 | 10:00 AM | 3min, 45sec | No | Feb | 02/25/2011 | 08:25 PM | 4min, 20sec | No | Mar | 03/30/2011 | 07:45 AM | 3min, 48sec | No | Apr | 04/27/2011 | 10:15 PM | 5min, 15sec | No | May | 05/30/2011 | 05:30 AM | 6min, 13sec | No | Jun | 06/29/2011 | 07:55 AM | 5min, 0sec | No | Jul | 07/28/2010 | 10:55 AM | 3min, 36sec | No | Aug | 08/30/2010 | 11:00 AM | 4min, 0sec | No | Sep | 09/30/2010 | 07:30 AM | 4min, 50sec | No | Oct | 10/29/2010 | 08:10 AM | 5min, 10sec | No | Nov | 11/29/2010 | 01:05 PM | 4min, 0sec | No | Dec | 12/07/2010 | 02:40 PM | 3min, 50sec | No | 15 JULY 2011 | SEE PAGE 1 OF 4 | <p style="font-size: x-large; text-align: center;">Cont. from previous page mm 7-15-11</p> |
| Mont | Date | Time | Evac. Time | FSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | 01/28/2011 | 10:00 AM | 3min, 45sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | 02/25/2011 | 08:25 PM | 4min, 20sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | 03/30/2011 | 07:45 AM | 3min, 48sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | 04/27/2011 | 10:15 PM | 5min, 15sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 05/30/2011 | 05:30 AM | 6min, 13sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | 06/29/2011 | 07:55 AM | 5min, 0sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | 07/28/2010 | 10:55 AM | 3min, 36sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | 08/30/2010 | 11:00 AM | 4min, 0sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | 09/30/2010 | 07:30 AM | 4min, 50sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 10/29/2010 | 08:10 AM | 5min, 10sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | 11/29/2010 | 01:05 PM | 4min, 0sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | 12/07/2010 | 02:40 PM | 3min, 50sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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 | The medical evaluation for resident #1 dated 1/4/2011, did not indicated communicable disease, allergies and stated "see attached" for medications; the medical evaluation did not contain an attachment. | 15 JULY 2011 | <ul style="list-style-type: none"> -ADMINISTRATOR WILL REVIEW WITH RESIDENT CARE DIRECTOR AND RESIDENT CARE COORDINATOR INCOMPLETE MEDICAL EVALUATION FOR RESIDENT #1 -RESIDENT TO RECEIVE A GENERAL PHYSICAL EXAM BY A PHYSICIAN OR PHYSICIAN'S ASSISTANT IN ORDER TO PROPERLY COMPLETE MEDICAL EVALUATION FORM -ENSURE COMMUNICABLE DISEASE BLOCK CHECKED TO INDICATE YES OR NO -ENSURE ALLERGIES ARE LISTED, CHECK BOX TO INDICATE IF NONE OR UNKNOWN -AS INDICATED, ATTACH SIGNED AND DATED MEDICATION LIST TO MEDICAL EVALUATION FORM -PLACE ORIGINAL FORMS IN RED ADMISSIONS BINDER | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7-15-11 </p> <p>Date Initials (DPW)</p> |

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

| | | | |
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| DATE | | DATE 7-15-11 | |

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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. | | 15 JULY 2011 | SEE PAGE 3 OF 4 | Cont. from previous Page MM 7-15-11 |