

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARC BRANDYWINE, LP

LEGAL ENTITY

To operate THE GARDENS AT FREEDOM VILLAGE

NAME OF FACILITY OR AGENCY

Located at 25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA 19320

(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 73  
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 September 19, 2011 until September 19, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **126000**

*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

SEP 27 2011

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

Mr. John P. Rijos, Co-President  
ARC Brandywine, LP  
111 Westwood Place, Suite 200  
Brentwood, Tennessee 37027

RE: The Gardens at Freedom Village  
25 Freedom Boulevard  
West Brandywine, Pennsylvania 19320

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on July 18, 2011 and August 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  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE GARDENS AT FREEDOM VILLAGE, 25 FREEDOM BOULEVARD WEST BRANDYWINE, PA 19320		CURRENT LICENSE NUMBER 126000	
INSPECTION DATES (include all dates of the inspection) 07/18/2011		REGIONAL REPRESENTATIVE Christine McHale, James Jesse Hummel, Cynthia Yellenic	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DAVID J. MACIUKIEWICZ, ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>David Maciukiewicz, Administrator</i>	DATE 8/17/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherren Mitchell</i>	DATE 8/29/11

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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Residents of the home, including residents #1 through #5, have not been assessed capable of recognizing and using poisons safely. The following items were found in the home:  - One bottle of Antiseptic rinse with a manufacturer's label indicating, "If more than used for rinsing is accidentally swallowed, contact a physician or Poison Control Center immediately," was unlocked and accessible to residents on the sink counter in the bathroom of resident room #1140.  - One bottle of mouthwash, with a manufacturer's label indicating, "If more than used for rinsing is accidentally swallowed, contact a physician or Poison Control Center immediately," was unlocked and accessible to residents on the sink counter in the bathroom of resident room #1343.  - Two bottles of mouthwash, with a manufacturer's label indicating, "If more than used for rinsing is accidentally swallowed, contact a physician or Poison Control Center immediately," was unlocked and accessible to residents on the sink counter in the bathroom of resident room	07/29/2011	2600.82.c. The primary physician of every resident and those who will be admitted to the home will be contacted to provide a signed statement about the ability of the named resident to safely use "poisonous materials." The record of the assessment will be added to the resident records. Any resident who cannot safely use or avoid poisons will be provided with assistance to use as appropriate to their needs. Copy of letter attached.	<i>JT 8/30/11</i>

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

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INSPECTION DATES (Include all dates of the inspection) 07/18/2011		REGIONAL REPRESENTATIVE Christine McHale, James Jesse Hummel, Cynthia Yellenic	
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>Dan Kloczyński, Administrator</i>	DATE 8/17/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherone Mitchell</i>	DATE 8/29/11

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
	#1154.			



VIOLATION REPORT  
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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>Dorothy M. ... Administrator</i>	DATE 8/12/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE 8/31/11

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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	<ul style="list-style-type: none"> <li>- The telephone located in the living room of resident room #1140 does not have emergency service numbers posted nearby.</li> <li>- The telephone located in the bedroom of resident room #1154 does not have emergency service numbers posted nearby.</li> <li>- The telephones located in the bedroom and bathroom of resident room #1343 do not have emergency service numbers posted nearby.</li> </ul> <p>Repeated Violations: 06/30/2010</p>	07/19/2011	<p>2600.91. All phone connections to outside lines will be examined by housekeepers and caregivers during daily attendance for visual confirmation that required phone numbers are posted. On a monthly basis housing keeping managers will survey the phone connections for the posting and will complete a compliance survey. The supervisor of housekeeping will perform periodic unannounced surveys. All current and new residents will receive a verbal reminder at the monthly resident council to inform housekeeping about missing postings or the installation of a new phone that requires the posting.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 8/20/11 Date Initials (DPW)</p>
		<i>IMMEDIATE</i>	<i>TELEPHONE NUMBERS WERE ADDED TO TELEPHONE. CORRECTION WAS A RED STICKER WITH IDENTIFYING PHONE NUMBERS ADDED.</i>	

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INSPECTION DATES (Include all dates of the inspection) 07/18/2011		REGIONAL REPRESENTATIVE Christine McHale, James Jesse Hummel, Cynthia Yellenic	
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>Dorothy Placencia, Administrator</i>	DATE 8/12/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/31/11

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
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 7/18/11, there was an accumulation of lint in the lint trap of the dryer to the left of the laundry room located on the first floor of the home.	07/19/2011	<p>2600.105.g.1 Signs are posted near every dryer that reads, "Remove lint after every cycle." Verbal reminders about the importance of this task will shared with staff and residents. Housekeepers will be asked to examine the lint traps for lint on each shift. If there is a lint build up, it will be removed. Housekeeping will perform a daily shift cleaning of the lint taps and document the date, time and custodial assistant. Audit form attached.</p> <p align="center"><i>IMMEDIATE - LINT TRAPS WERE CLEANED IMMEDIATELY.</i></p>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable  <i>[Signature]</i>              8/12/11              Date Initials (DPW)</p>

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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>Dorey Mackenzie, Administrator</i>	DATE 8/12/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron M. [Signature]</i>	DATE 8/31/11

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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	A discontinued package of Acetaminophen 500 mg for resident #1 was found in the home's medication card with the resident's current medications.	07/18/2011	2600.183.f.1. Weekly medication cart audits will be held and contents will be examined for current prescription medications, OTC medications and CAM medications. All discontinued and expired medications will be removed and disposed according to safe standards. Members of the nursing team will rotate responsibility to complete the examination and document the record of the survey for review at the monthly performance quality management meeting. Audit form attached.  A quarterly pharmacy review audit will be conducted to ensure pharmacy compliance and accountability for updating medications recorded on physician orders and the MAR. A compliance report will be provided following each review.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 8/30/11 Initials (D-W)

VIOLATION REPORT  
PERSONAL CARE HOMES 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE GARDENS AT FREEDOM VILLAGE, 25 FREEDOM BOULEVARD WEST BRANDYWINE, PA 19320 -		CURRENT LICENSE NUMBER 126000	
INSPECTION DATES (Include all dates of the inspection) 07/18/2011		REGIONAL REPRESENTATIVE Christine McHale, James Jesse Hummel, Cynthia Yellenic	
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>Darryl Shasunberg, Administrator</i>	DATE 8/12/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 8/31/11

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
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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SIGNATURE OF LEGAL ENTITY <i>Doreen Plaschewicz, Administrator</i>	DATE 8/17/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 8/31/11

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #1 has an order for Milk of Magnesia as needed. This medication was not available in the home for the resident's use.	07/18/2011	2600.185.a. Standard of policy and procedure for the order and access of medications will be enforced as part of a quality improvement plan that includes documentation of the most current prescription and reception of medications as documented on a record of receipt manifest signed by the responsible person. All medication will be current and will match the physician orders and medication administration record (MAR). The order, accepting and storage of medication will be documented and implemented within the required time frame and procedure.  <i>IMMEDIATE - PHARMACY WAS CONTACTED TO PROVIDE MEDICATION. MEDICATION WAS RECEIVED BY PHARMACY.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 8/31/11 Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Dorothy Hascelberg, Administrator</i>	DATE 8/12/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE 8/31/11

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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 #4 does not include a diagnosis or purpose for aspirin chewable 81 mg.  - The medication administration record for resident #5 does not include a diagnosis or purpose for coumadin 3 mg.  Repeated Violations: 06/30/2010	07/18/2011	2600.187.a. Bi-monthly in service training will be held for the education of nurses and med techs that will address improvement quality standards for documentation, transcription, and performance issues to achieve compliance of DPW regulations on medication. Training plan attached.  Weekly MAR audits will be provided by the nurse case manager or designee to review documentation and accuracy of required record as defined in 187a. A medication record audit form has been developed and will be completed for each audit to ensure that all medications recorded on the MAR include a diagnosis or purpose to achieve compliance standards. Audit form attached.	Steps have been taken to correct violation; full compliance is not verifiable 8/30/11 Date <i>[Signature]</i> Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Daniel Rosenberg, Administrator</i>	DATE 08/12/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon McHale</i>	DATE 8/31/11

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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.				

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SIGNATURE OF LEGAL ENTITY <i>Doris P. Hershberger, Administrator</i>	DATE 8/12/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christina McHale</i>	DATE 8/31/11

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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.	The preadmission screening form for resident #2, admitted 3/23/11, does not include a determination that the home can meet the service needs of the resident.	07/28/2011	2600.224.a. Resident pre-admission screening, especially those from designee agencies, will be examined for the record of determination that the home is able to meet the needs of the resident. The administrator or designee will examine each document upon completion or submission to ensure that the notation is made in accordance to the applicable regulation.	<i>JT 8/30/11</i>