

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PHILADELPHIA PROTESTANT HOME
LEGAL ENTITY

To operate PHILADELPHIA PROTESTANT HOME
NAME OF FACILITY OR AGENCY

Located at BUILDING 5, FLOORS 2,3,4, 6500 TABOR ROAD, MIDWAY MANOR, PHILADELPHIA, PA 19111
(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 188
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

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

No: 144500

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 25 2011

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

Ms. Mary Ann Parisse, Administrator
Philadelphia Protestant Home
Building 5, Floors 2-4
6500 Tabor Road, Midway Manor
Philadelphia, Pennsylvania 19111

Dear Ms. Parisse:

As a result of the Department of Public Welfare's licensing inspection on July 20, 2011 and July 22, 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.

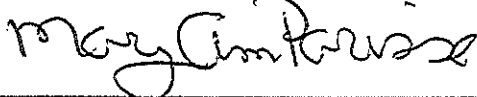

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald 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 PHILADELPHIA PROTESTANT HOME, 6500 TABOR ROAD MIDWAY MANOR PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 144500	
INSPECTION DATES (Include all dates of the inspection) 07/20/2011, 7/29/11		REGIONAL REPRESENTATIVE James Jesse Hummel, Christine McHale, Cindy 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 	DATE 8/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/9/11

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract addendums for resident #1 dated 6/2/10, resident #2 dated 4/6/11, resident #3 dated 1/1/11, resident #4 dated 2/3/11, resident #5 dated 1/1/11, resident #6 dated 7/29/10, resident #7 dated 5/9/11, resident #8 dated 6/8/11, resident #9 dated 2/23/11, resident #10 dated 1/1/11, resident #11 dated 11/15/10 and resident #12 dated 1/1/11 were not signed by the payer, which is different than each of the residents.	In-Service completed with the Admissions department on 7/25/11 and ongoing	The process for signing contracts has been reviewed with the Admissions dept. & if the person responsible for payment is different from the resident the payor must also sign the resident agreement. The Administrator and/or designee will review all resident agreements before signing to ensure all information has been completed accurately	8/9/11 CRM
86b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.	The bathrooms inside resident room number 2412, 1515, 3323 and 3501 do not have an outside window and the exhaust fans were inoperable.	7-22-11	Corrective maintenance was completed to all 4 bathrooms,; damper, duct, and fan motors were replaced. The intervals of exhaust preventative maintenance has been increased from every 6 months to every quarter. All staff have been instructed to contact the maintenance department immediately upon noticing the fan in a residents bathroom is not working properly. Bathroom checks will be incorporated into the weekly room audit conducted by the Supervisors & issues found will be reported to maintenance and Administrator immediately.	8/9/11 CRM

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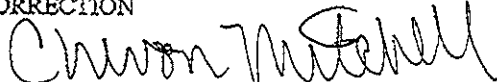
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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The home's evacuation diagrams inside the secure dementia care unit do not include the line of travel to the emergency exit. The evacuation diagram located next to resident room #2500 does not include the line of travel to the emergency exit.	completed during the survey on 7-22-11	The evacuation maps inside the Secured Dementia Unit and outside of room 2500 were corrected by the Director of Security during the survey. The Director of Security did draw a line of travel to the emergency exits on the Dementia Unit and outside of 2500. During the Security Guards daily rounds they will ensure that the evacuation maps are permanently mounted.	<i>8/9/11 CWV</i>

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The home's fire drill records do not include the number of resident's in the home at the time of the drill.	7-22-11	This was corrected during the survey. See attached fire-drill log. Going forward the only form that will be utilized for recording fire drills is the DPW fire drill log. After each fire drill the Director of Security and Administrator and/or designee will review the fire drill log to ensure that all information has been recorded as per regulations.	Steps have been taken to correct violation; full compliance is not verifiable <i>DPW</i> Date 8/9/11 Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME PHILADELPHIA PROTESTANT HOME, 6500 TAVOR ROAD MIDWAY MANOR PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER I44500	
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SIGNATURE OF LEGAL ENTITY 	DATE 8/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/19/11

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																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 5%;">Month</th> <th style="width: 10%;">Date</th> <th style="width: 15%;">Time</th> <th style="width: 15%;">Evac. Time</th> <th style="width: 15%;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/31/2011</td><td>07:30 PM</td><td>4 minutes</td><td>No</td></tr> <tr><td>Feb</td><td>02/22/2011</td><td>02:00 PM</td><td>2 minutes 11 s</td><td>Yes</td></tr> <tr><td>Mar</td><td>03/29/2011</td><td>06:00 AM</td><td>7 minutes</td><td>No</td></tr> <tr><td>Apr</td><td>04/16/2011</td><td>10:30 AM</td><td>4 minutes 52 s</td><td>No</td></tr> <tr><td>May</td><td>05/18/2011</td><td>04:30 PM</td><td>5 minutes 52 s</td><td>No</td></tr> <tr><td>Jun</td><td>06/21/2011</td><td>06:10 AM</td><td>4 minutes</td><td>No</td></tr> <tr><td>Jul</td><td>07/09/2011</td><td>01:28 PM</td><td>7 minutes 51 s</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2010</td><td>06:45 AM</td><td>8 minutes 8 s</td><td>No</td></tr> <tr><td>Sep</td><td>09/25/2010</td><td>09:00 AM</td><td>5 minutes</td><td>No</td></tr> <tr><td>Oct</td><td>10/26/2010</td><td>04:30 PM</td><td>3 minutes</td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2010</td><td>06:20 AM</td><td>5 minutes</td><td>No</td></tr> <tr><td>Dec</td><td>12/17/2010</td><td>03:10 PM</td><td>4 minutes</td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Evac. Time	FSE	Jan	01/31/2011	07:30 PM	4 minutes	No	Feb	02/22/2011	02:00 PM	2 minutes 11 s	Yes	Mar	03/29/2011	06:00 AM	7 minutes	No	Apr	04/16/2011	10:30 AM	4 minutes 52 s	No	May	05/18/2011	04:30 PM	5 minutes 52 s	No	Jun	06/21/2011	06:10 AM	4 minutes	No	Jul	07/09/2011	01:28 PM	7 minutes 51 s	No	Aug	08/30/2010	06:45 AM	8 minutes 8 s	No	Sep	09/25/2010	09:00 AM	5 minutes	No	Oct	10/26/2010	04:30 PM	3 minutes	No	Nov	11/30/2010	06:20 AM	5 minutes	No	Dec	12/17/2010	03:10 PM	4 minutes	No	7-22-11	see previous page	
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 7/22/11, the door to resident room #3320 was found unlocked. Inside room number 3320 a spray tube of Calcitonin 200 ACT and a bottle of Antacid Assistant tablets 500mg were found unlocked and accessible on the dresser. Also unlocked and accessible inside the bathroom of resident room #3320 were two containers of Benefiber powder.	7-22-11	The resident was re-educated on 7-22-11 of the importance of keeping door locked. Resident now has a lock box in room to hold all of the medications and a sign on back of door to make sure the door is locked when leaving room. Charge nurse will continue to evaluate if resident is compliant with lock box procedures as it pertains to medications.	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is non-verifiable</p> <p style="text-align: center;">Date <u>8/19/11</u> Initials (DPW) <u>MM</u></p>

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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 forms for resident #4 dated 12/23/10 and resident #7 dated 5/8/11 do not indicate whether the needs of the residents can be met by the services provided by the home.	7-22-11	The Pre-Admission screening form for resident #4 and resident #7 did not have the yes box checked and that was completed on 7-22-11. Going forward all Pre-Admission Screening forms will be reviewed by the Director of Nursing prior to Admission to ensure the form has been completed accurately and reflects that the needs of the resident can be met by the Home.	<i>8/9/11 CEM</i>