

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELWYN _____
LEGAL ENTITY

To operate SKYLINE MANOR _____
NAME OF FACILITY OR AGENCY

Located at 76 SKYLINE DRIVE, GLEN MILLS, PA 19342 _____
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 6 _____
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: No more than 5 residents with mobility needs may be served _____

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 December 9, 2011 until December 9, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134870

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

DEC 14 2011

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

Mr. Frank Henderson, Healthcare Director-ARBHS
Elwyn
Hartman House
111 Elwyn Road
Elwyn, Pennsylvania 19063

RE: Skyline Manor
76 Skyline Drive
Glen Mills, Pennsylvania 19342

Dear Mr. Henderson:

As a result of the Department of Public Welfare's licensing inspection on August 15, 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', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SKYLINE MANOR, 76 SKYLINE DRIVE GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134870	
INSPECTION DATES (Include all dates of the inspection) 08/15/2011		REGIONAL REPRESENTATIVE Debra Avery, Sandi Wooters	
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>Patricia Monroe</i>	DATE 10/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chermon Miller</i>	DATE 11/21/11

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's written policy on reportable incidents does not address prevention and reporting to the Department.		The policy will be amended by the QI coordinator to address prevention and reporting. The Unit Director will review the amended policy at the next staff meeting, and will review the policy manual annually to ensure that the policy is correct.	11/21/11 DEM

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26b The quality management plan shall address the periodic review and evaluation of the following: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home's quality management review dated 10/4/10 did not address the review of staff training and resident/family council meetings.		<i>A quality management review will be held to address all of the elements of the quality management plan, including staff training and resident council meetings by 11/30/11. The Unit Director will review these minutes bi-annually to ensure that all necessary elements are included.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>11/21/11</i> Date <i>[Signature]</i> Initials (DPW)

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42e A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.	The residents' phone is a landline located in the common living room of the home, which does not provide for privacy.		<i>The non-portable phone was replaced with a portable cordless phone on 8/15/11. 3rd shift will check daily to ensure that the cordless phone is available. This will be reflected on the 3rd shift checklist, and signed for daily.</i>	<i>11/21/11 CVM</i>

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62 The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.	Staff person A, the administrator of the home, maintains a list of staff persons that does not include addresses.		<i>The comprehensive staff list has been revised to include names, telephone numbers and addresses of all staff working at the site. The supervisor will check on a monthly basis to ensure that all contact information is available and current.</i>	<i>11/21/11 CWM</i>

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64a Prior to initial employment as an administrator, a candidate shall successfully complete the following: (1) An orientation program approved and administered by the Department. (2) A 100-hour standardized Department-approved administrator training course. (3) A Department-approved competency-based training test with a passing score. (4) Paragraphs (1), (2) and (3) do not	Staff person A, who is the home's administrator, has not successfully completed the Department-approved 100-hour administrator training course.		<i>Staff person A successfully completed the 100-hour administrator course on 10/13/11. The Program Director will ensure that an approved administrator will stand-in temporarily until a new hire completes the 100-hour course in the event that the current administrator is no longer available.</i>	<i>11/21/11 CEM</i>

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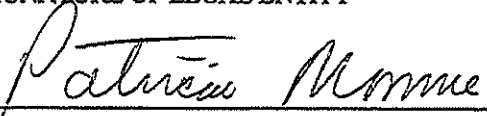
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apply to an administrator hired or promoted prior to October 24, 2005.				

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<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these</p>	<p>The home's annual training on resident rights does not include all the resident rights, only a few selected rights.</p>		<p><i>Staff will review/sign all resident rights at the next staff meeting, and signed copies will be kept in each staff's training file. Staff will review and sign resident rights annually, or as updated.</i></p>	<p><i>11/21/11 CRM</i></p>

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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§1a The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.	On 8/15/11, Resident #2 was observed to be trailing approximately 26 feet of oxygen tubing that was hooked up to a nonportable oxygen tank in a bedroom off the living room, and to the resident, who was in the kitchen area of the home. This presents a tripping hazard.		<i>The 26ft oxygen tubing was removed and replaced with shorter tubing to prevent a tripping hazard. Staff will check daily to ensure the shorter tubing is in place and not causing a potential tripping hazard. This will be reflected on the daily checklist.</i>	<i>11/21/11 DROM</i>

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§2c 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.	Bleach, Ant and Roach Spray, Cascade Soap, and 8 cans of enamel paint, with a manufacturer's label indicating, "if swallowed call poison control," was unlocked and accessible to residents in the unlocked basement area of the home. Residents use the basement to do their laundry. Residents of the home have not been assessed capable of recognizing and using poisons safely.		<i>All poisonous materials that residents have not been assessed to safely use have been locked in a secure area. This will be reviewed at the next staff meeting. Staff will also check daily to ensure these materials are locked up, which will be reflected on the daily shift checklist.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>11/21/11</i> Date <i>DPW</i> Initials (DPW)

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	At 10:30am on 8/15/11, there was standing water in the basement of the home around the hot water heater and fire water tanks, measuring approximately 1/8 inch deep in a 10' X 7' area. Residents use the basement to do laundry.		<i>The maintenance team came on 8/15/11 to vacuum all standing water. A sump pump has been installed to prevent large amounts of standing from accumulating. Staff will also check daily to ensure no accumulation, which will be reflected on the daily shift checklist.</i>	<i>11/21/11</i>

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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.	The emergency service numbers posted near the phones do not include the correct number for the personal care home complaint hotline.		<i>All correct emergency numbers have been added to the emergency lists, which have been posted near all phones. The Supervisor will check these numbers on a monthly basis to ensure all lists are available and current.</i>	<i>11/21/11 Clem</i>

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The exterior steps off either end of the brick walkway leading off the carport toward the back yard, do not have a handrail.		Handrails will be installed by 1/24/12. Whenever steps or drops are added to the site, the Unit Director and Maintenance team will ensure that handrails are installed.	Steps have been taken to correct violation; full compliance is not verifiable <i>MM</i> Date 11/2/11 Initials (DPW)

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93b Each porch shall have a well-secured railing.	<p>The porch at the front entrance of the home does not have a railing. There is a drop off approximately 8 inches from the porch to the ground along some sections of the porch.</p> <p>The sidewalk leading from the back deck to the carport has a section approximately 2 feet long with a drop off of 10 inches. There is no handrail in this area.</p>		<p>Mulch will be added in front of the porch to remove drop off, and will be checked monthly for any depletion. This will be completed by 1/24/12.</p> <p>A handrail will be installed along the sidewalk by 1/24/12.</p> <p>Any steps or drops added in the future will have handrails installed unless the drops can be adequately filled.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date 11/21/11 Initials (DPW)</p>

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	There is an exposed, frayed electrical wire in the basement near the exterior exit door. Residents use the basement area to do their laundry.		<i>The Maintenance team will either have the wire capped, or removed altogether, by 11/2/11. Staff will check site daily for any hazardous conditions; will report anything hazardous to Maintenance team immediately. This will be reflected on the daily shift checklist.</i>	<i>11/21/11 DM</i>

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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	At 10:00am on 8/15/11, there were french fries, 2 bags of peppers, hamburger patties, and other unknown food items unlabeled and undated in the freezer located in the home's kitchen.		<i>Self-adhesive template labels were created, and several sheets of the labels are hanging on the refrigerator so they are readily available after all food preparation. Staff will check daily to ensure all items are properly labeled, which will be reflected on the daily shift checklist.</i>	<i>11/20/11</i>

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 8/15/11 at 10:30am, the temperature in the freezer located in the basement was 6 degrees farenheit.		<i>The freezer temperature was lowered to 0°F on 8/15/11. A memo will be sent to all staff to remind of this maximum temp; staff will also check all refrigerators and freezers daily to ensure proper temperature. This will be reflected on the daily shift checklist.</i>	<i>11/2/11 CRM</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SKYLINE MANOR, 76 SKYLINE DRIVE GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134870	
INSPECTION DATES (include all dates of the inspection) 08/15/2011		REGIONAL REPRESENTATIVE Debra Avery, Sandi Wooters	
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>Patricia Mmmme</i>	DATE <i>10/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherian Miller</i>	DATE <i>11/21/11</i>

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
105g Food shall be stored in closed or sealed containers.	The hamburger patties in the kitchen freezer were opened and unsealed, as were a bag of shells.		<i>Tupperware and Ziplock freezer bags were purchased. A memo will be sent to all staff, with instructions to put any opened food into these containers, then label with self-adhesive labels. This will be reviewed at the next staff meeting, as well as added to the daily shift checklist.</i>	<i>11/21/11 Clet</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SKYLINE MANOR, 76 SKYLINE DRIVE GLEN MILLS, PA 19342		CURRENT LICENSE NUMBER 134870	
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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>Patricia Murre</i>	DATE 10/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Miller</i>	DATE 11/21/11

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
107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and	The home's written emergency procedures do not include the contact number for the state emergency management agency, and contact information for each resident's designated person.		<i>The phone numbers for FEMA, PEMA, and each resident's designated person have been added to the written emergency procedures. The Supervisor will check these numbers monthly to ensure accuracy and availability.</i>	<i>11/21/11 Gem</i>

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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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	On 8/11/11 at 1:00pm, a plastic shower chair, and an unmovable eye/hook clasp on the egress door, blocked egress from the home's basement exit to the outside.		<i>The plastic shower chair was removed on 8/15/11. The unmovable clasp will be replaced by 11/2/11. A memo will be sent to all staff to ensure egress routes are accessible at all times. Staff will also check daily, which will be reflected on the daily shift checklist.</i>	<p style="font-size: small; text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>11/21/11</i> Date</p> <p style="text-align: center;"><i>DPW</i> Initials (DPW)</p>

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

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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
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	On 8/15/11, the heater in the basement was surrounded by 3 cardboard boxes within 5 inches of the heater, containing paper decorations and ceiling tiles; and 2 black plastic trash bags that were actually touching the heater.		<i>All objects were removed from within 3 feet of the furnace. A memo will be sent to all staff with instructions not to place items within 3 feet of the furnace. Staff will also check daily, which will be reflected on the daily shift checklist.</i>	<i>11/21/11 CEM</i>

VIOLATION REPORT
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.	On 12/13/10, resident #1's physician determined that the resident needs a special diet of thickened liquids and chopped food. The resident's support plan dated 1/12/11 does not address how the home will assist the resident in meeting these needs.		Resident #1's support plan has been revised to include that staff will chop all foods and thicken all liquids prepared for the resident, as determined by the physician. Unit Directors will review support plans annually, or as needed due to changes in resident's needs, to ensure plans address resident needs.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 11/2/11 Initiate (DPW)

VIOLATION REPORT
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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
254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	Resident records are stored in 3 plastic binders located on top of the counter in the hallway between the kitchen and the living room. The binders contain residents' names, list of their medications, and their diagnoses. The records are accessible to anyone entering the home.		<p><i>All binders were locked in a secure cabinet on 8/15/11.</i></p> <p><i>A memo will be sent to all staff to remind that resident records need to be locked. Staff will also check daily, which will be reflected on the daily shift checklist.</i></p>	<i>11/21/11 C. New</i>