

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ALLEGHENY CHRISTIAN MINISTRIES, INC.

To operate LAUREL VIEW VILLAGE

Located at 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928

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 107
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 15

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

No: 321350

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

OCT 28 2011

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

Mr. John Augustine, Chairman
Allegheny Christian Ministries, Inc.
Laurel View Village
2000 Cambridge Drive
Davidsville, Pennsylvania 15928

Dear Mr. Augustine:

As a result of the Department of Public Welfare's licensing inspection on August 24, 2011 and August 31, 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
Director


Enclosures
License
Violation Report

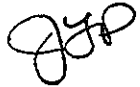
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LAUREL VIEW VILLAGE, 2000 CAMBRIDGE DRIVE DAVIDSVILLE, PA 15928		CURRENT LICENSE NUMBER 321350	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011, 08/31/2011		REGIONAL REPRESENTATIVE Jan Cutter, Deborah McConnell, Tera Newman, Jan Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Ginger M. Barnes Administrator			
SIGNATURE OF LEGAL ENTITY Ginger M. Barnes, NHA	DATE 9-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION J. J. [Signature]	DATE 10-11-11

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #1 has an enabler bar which is broken causing it to swivel outward away from the bed. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div> <div style="text-align: center;">SEP 24 2011</div> Adult Residential Licensing	10-18-11	All wheelchairs, walkers, prosthetic devices and other apparatus used by resident will be clean, in good repair and free of hazards. Resident #1's enabler bar was repaired by the Maintenance Supervisor on 9-20-11. Any enablers used by Residents will be inspected by the DES or Maintenance Supervisor to ensure that they are in good repair and if not, they will be repaired or replaced. All staff will be educated to report apparatus that needs repaired or replaced at staff meetings on 9-21-11 and 10-18-11.	JJP 10-11-11

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SIGNATURE OF LEGAL ENTITY <i>Ginger M. Barnes, NHA</i>	DATE <i>9-23-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>10-11-11</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
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.	<p style="text-align: center; font-size: 1.2em;">Ajax liquid hand dish soap and Sani Hands Antimicrobial Alcohol gel hand wipes, with a manufacturer's label indicating "If swallowed get medical help or contact Posion Control Center immediately", were unlocked and accessible to residents in the secure dementia care unit.</p> <p style="text-align: center; font-size: 1.5em; margin-top: 20px;">Western Region</p> <p style="text-align: center; margin-top: 10px;">SEP 24 2011</p> <p style="text-align: center; margin-top: 10px;">Adult Residential Licensing</p>	<i>9-20-11</i>	<p>Poisonous materials will be kept locked and inaccessible to residents unless all of the residents living in that area are able to safely use or avoid poisonous materials.</p> <p>A lock was installed on this cupboard on 9-6-11, and on all of the cupboards in the secure dementia unit that contain materials that could be harmful to residents. All other cupboards in Personal Care were checked for harmful substances and locks were appropriately in place. All staff has been educated concerning the above. A QA on this will be completed quarterly by the RN Manager or PCC Coordinator.</p>	 <i>10-11-11</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
101j7 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.	Resident #2 does not have a source of light that can be turned on/off from bedside. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">SEP 24 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	<i>10-18-11</i>	All residents will have an operable lamp or other source of lighting that can be turned off/on at bedside. Resident #2 has two operable lamps in [redacted] room. One lamp was relocated to [redacted] bedside table for [redacted] use on 8-25-11. All Resident rooms were checked and all residents have an operable lamp at their bedside. All staff will be educated at their regular monthly meetings concerning the need for bedside lighting on 9-21-11 & 10-18-11. A QA for compliance will be completed quarterly by the RN Manager or PCC Coordinator.	<i>JYP</i> <i>10-11-11</i>

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130a There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.	The nearest operable smoke detector to resident bedroom #605 is 18 feet away. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">SEP 24 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	<i>9-20-11</i>	There will be an operable automatic smoke detector located within 15 feet of each bedroom door. An operable automatic smoke detector was installed with 15 feet of bedroom #605 on 8-24-11. A check of the entire building by the DES revealed that an operable automatic smoke detector is located within 15 feet of each bedroom door. DES is responsible for maintaining continuous operation of smoke detectors, and Simplex Co. will inspect the system annually.	<i>JYP</i> <i>10-11-11</i>

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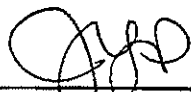
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132e A fire drill shall be held during sleeping hours once every 6 months.	<p>There was not a fire drill conducted during sleeping hours in the last 6 months.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <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>02:40 PM</td><td>6 min.</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>07:29 PM</td><td>4 min. 50 sec.</td><td>No</td></tr> <tr><td>Mar</td><td>03/31/2011</td><td>10:59 AM</td><td>3 min.</td><td>No</td></tr> <tr><td>Apr</td><td>04/30/2011</td><td>09:57 PM</td><td>5 min. 20 sec.</td><td>No</td></tr> <tr><td>May</td><td>05/31/2011</td><td>11:47 AM</td><td>5 min. 45 sec.</td><td>No</td></tr> <tr><td>Jun</td><td>06/30/2011</td><td>08:43 PM</td><td>6 min.</td><td>No</td></tr> <tr><td>Jul</td><td>07/23/2011</td><td>09:34 AM</td><td>5 min.</td><td>No</td></tr> <tr><td>Aug</td><td>08/31/2010</td><td>01:24 PM</td><td>4 min. 40 sec.</td><td>Yes</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table> <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">Western Region</p> <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">SEP 24 2011</p> <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">Adult Residential Licensing</p>	Mont	Date	Time	Evac. Time	FSE	Jan	01/28/2011	02:40 PM	6 min.	No	Feb	02/28/2011	07:29 PM	4 min. 50 sec.	No	Mar	03/31/2011	10:59 AM	3 min.	No	Apr	04/30/2011	09:57 PM	5 min. 20 sec.	No	May	05/31/2011	11:47 AM	5 min. 45 sec.	No	Jun	06/30/2011	08:43 PM	6 min.	No	Jul	07/23/2011	09:34 AM	5 min.	No	Aug	08/31/2010	01:24 PM	4 min. 40 sec.	Yes	Sep				No	Oct				No	Nov				No	Dec				No	<i>9-30-11</i>	<p>A fire drill will be held during sleeping hours once every 6 months.</p> <p>A fire drill will be held before 9-30-11 at 11:30 p.m. which is 30 minutes after residents are asleep.</p> <p>A sleeping hour fire drill will be held every six months and will be the responsibility of the DES and Administrator to meet the requirements of the 132 Regulations. RN Manager or PC Coordinator will QA fire drills quarterly for compliance.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center; font-size: 0.8em;">Date: <i>10/11/11</i> Initials: <i>JJP</i> (DPW)</p>
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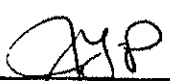
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<p>Resident #3's medical evaluation, dated 1/28/2011, indicates "see attached" for medications but the attached list is not signed or dated by the physician completing the form.</p> <p>Resident #4's medical evaluation, dated 4/25/2011, indicates "see attached" for medications but the attached list is not signed or dated by the physician completing the form.</p> <p>Resident #5's medical evaluation, dated 4/8/2011, indicates "see attached" for medications but there is no attachment.</p> <p>Resident #6's medical evaluation, dated 6/10/2011, indicates "see chart" for medications but the attachment is dated 2/23/2011.</p> <p align="center">SEP 24 2011 Adult Residential Licensing</p>	<i>9-21-11</i>	The medical evaluation will include all of the items listed in Regulation 141. Medication attachments for Residents # 3 & 4 are signed and dated by their physician. All Residents' medical evaluation attachments will be dated and signed by physician on the date the forms are completed. Resident #5 now has a correctly dated and signed medication form attached to the medical evaluation. Resident #6 will have a corrected medication (continued next page)	<i>JJP</i> <i>10-11-11</i>

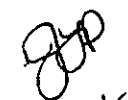
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<p style="font-size: 1.5em; font-weight: bold;">Western Region</p> <p style="font-size: 1.2em; font-weight: bold;">Adult Residential Licensing</p>		<p>(Continued from page 6) form signed and dated by the physician and will be attached to the medical evaluation. LPNs will be educated concerning review of the medical evaluation and attachments for proper signature, date and attachment at their regular monthly meeting on 9-21-11. The RN Manager and PC Coordinator will review all medical evaluations upon receipt for compliance.</p>	

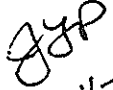
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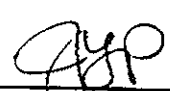
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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #1 is prescribed Naproxen as needed; however, this medication was not available in the home. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">SEP 24 2011</p> Adult Residential Licensing	<i>9-21-11</i>	The Home has developed and will implement procedures for safe storage, access, security, distribution and use of medication and medical equipment by trained staff persons. Resident #1's Naproxen was available on 8-24-11 for her to use as needed. All residents will have "as needed" medications available in the home as ordered by their physician. LPNs will be educated on 9-21-11 concerning this. A QA of compliance on the availability of "as needed" meds will be completed by the RN Manager or PCC Coordinator quarterly.	 <i>10-11-11</i>

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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 diagnosis or purpose of the medication was not listed on the medication administration record for the following residents' medications: <ul style="list-style-type: none"> • Resident #1, Lexepro, Cyanocobalamin, Levaquin, Prednisone. • Resident #4, Santyl ointment, Synthroid. • Resident #6, Oxycotin, Plavix, Synthroid, Ativan, Penicillin. • Resident #7, Vitamin E and Vitamin C Combo Caps. • Resident #8, Proventil, Tylenol 325 mg caps. • Resident #9, Avodart. • Resident #10, Flagyl, Cipro. • Resident #11, Flexeril, Xalatan. • Resident #12, Advair. Repeated Violations: 08/03/2010 <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;"><i>SEP 24 2011</i></p>	<i>9-21-11</i>	All medication records will include the items listed in Regulation 187a. The diagnosis or purpose of the medications was added to all of the medication administration records of Residents #1, #6, #7, #8, #9, #10, #11 & #12 on 8-25-11. All Residents' medication records were reviewed and diagnosis or purpose, were added as needed on 9-1-11. LPNs will be educated on 9-21-11 to review medication records to ensure the diagnosis or purpose is listed with each medication. A QA for compliance will be completed by the RN Manager or PC Coordinator quarterly.	 <i>10-11-11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME LAUREL VIEW VILLAGE, 2000 CAMBRIDGE DRIVE DAVIDSVILLE, PA 15928		CURRENT LICENSE NUMBER 321350	
INSPECTION DATES (Include all dates of the inspection) 08/24/2011, 08/31/2011		REGIONAL REPRESENTATIVE Jan Cutter, Deborah McConnell, Tera Newman, Jan Cutter	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-11-11

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.	Western Region SEP 24 2011 Adult Residential Licensing			