

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PHILADELPHIA PRESBYTERY HOMES, INC.

To operate SPRING MILL PRESBYTERIAN VILLAGE

Located at 2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 33

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

and shall remain in effect from December 15, 2011 until December 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127920

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

FEB 27 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Mr. Bryan C. Barnes, Interim Administrator
Philadelphia Presbytery Homes, Inc.
2000 Joshua Road
Lafayette Hill, Pennsylvania 19444

RE: Spring Mill Presbyterian Village
2002 Joshua Road
Lafayette Hill, Pennsylvania 19444

Dear Mr. Barnes:

As a result of the Department of Public Welfare's licensing inspection on October 26, 2011 and October 27, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

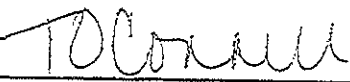
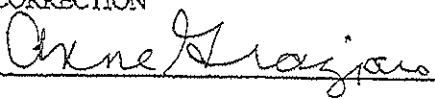
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SPRING MILL PRESBYTERIAN VILLAGE, 2002 JOSHUA ROAD LAFAYETTE HILL, PA 19444		CURRENT LICENSE NUMBER 127920	
INSPECTION DATES (Include all dates of the inspection) 10/26/2011, 10/27/2011		REGIONAL REPRESENTATIVE Meriam O'Malley, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Terry O'Connell</i>			
SIGNATURE OF LEGAL ENTITY <i>T O'Connell</i>		DATE <i>1/16/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris Graziano</i>
			DATE <i>1-24-12</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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff member A, hired 8/8/11, did not have this required orientation.	<i>1-24-12</i>	All new hires will receive fire safety and emergency preparedness training prior starting. The HR Coordinator together with the Plant Ops Director will oversee this process. The new hire files will be audited monthly for compliance. <i>Employee received on 12/27/11. The Adm will complete the audit tool and fax to the SE Regional Office upon completion.</i>	<i>03/01/2012</i> <i>AG</i> <i>01-24-12</i>

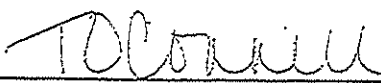

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff member A, hired 8/8/11, did not have this required orientation.	1-24-12	All new hires will receive mandatory inservices prior to their start date. This will be verified by the Dept. Head and HR Coordinator. The files will be audited on a monthly basis. Both employee and supervisor will sign off acknowledging 40 hr training. Employee A was trained in these topics on 12-28-11	03/01/2012  01-24-12



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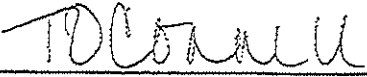
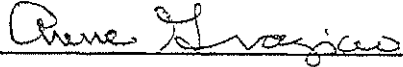
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
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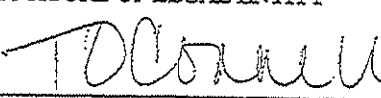

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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff member B, hired 7/30/09, received only 9 hours of annual staff training for 2010. Direct care staff member C, hired 9/1/09, received only 2 hours of annual staff training for 2010.	1-16-12	Direct Care staff will receive 12 hours of training via our Silverchair program. Each Department Head will check for compliance monthly. The Administrator will audit quarterly to ensure compliance. Emp B completed all training by 12-31-11 for a total of emp. hours = 27.25 Emp C completed all train for a total of 28.25 hours by 12-31-11.	03/01/2012  01-24-12

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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	Direct care staff member C, hired 9/1/09, did not complete training in the following mandatory topics in 2010: • Resident Rights • The Older Adult Protective Services Act • Falls and Accident Prevention • Emergency Preparedness	1-16-12	Direct care staff will receive the mandatory annual trainings. These will be completed using our Silverchair program. The dept. heads will be responsible for auditing their department monthly. The Administrator will audit quarterly to ensure compliance. Emp C completed all required training by 12-31-11 for a total of 28.25 hours	03/01/2012  01-24-12

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82a Poisonous materials shall be stored in their original, labeled containers.	A spray bottle with yellow liquid was observed in the beauty salon without a manufacturer's label on it.	1-16-12	The spray bottle with yellow liquid has been removed from The beauty shop. The contracted Staff have been informed that All bottles must be labeled in their original containers. The contracted staff will only keep properly labeled bottles in the beauty shop. The Administrator and/or designee will audit monthly to ensure compliance.	03/07/2012 A L 1-21-12

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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>The following poisonous materials were found in the beauty salon on 10/26/11 at 10:40am. The beauty salon was unlocked and accessible to residents. The residents are not all assessed to safely handle and identify poisonous materials.</p> <ul style="list-style-type: none"> A bottle of Barbicide Hospital Germicide, Pseudomonacide Fungicide and Virucide labeled, "if swallowed call a poison control center or doctor immediately for treatment advice." A bottle of Spray Away Antibacterial Heavy duty cleaner and odor counteractant labeled, "if swallowed call a poison control center or doctor immediately for treatment advice." <p>On 10/27/11 a bottle of Oxy Color Safe Laundry Detergent labeled, "if swallowed call a physician or poison control center," was in the laundry room on the home's secured dementia unit. The laundry room was unlocked and accessible to residents.</p>	1-16-12	<p>The contracted beauty shop personnel have all be inserviced that they are not to leave the beauty shop unattended at any time. They are to call if a resident needs to go back to their unit. If they need to leave the beauty shop for any reason then it is to be locked. The key is available at the front desk. The Administrator and/or designee will audit monthly to ensure compliance.</p> <p><i>Laundry detergent was moved to a wall dispensing system and locks were change to lock automatically on the laundry room of the S.C.U.</i></p>	03/01/2012 <i>[Signature]</i> 01-24-12

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	Trash cans throughout the kitchen had a circular hole approximately 6-8 inches across cut into the tops, allowing penetration of insects and/or rodents.	1-16-12	New lids were ordered and received within 48 hours of survey. The lids are in place @ all times unless being used by dietary staff during meals. The Dietary Director will Audit ^{daily} monthly to ensure compliance.	03/07/2012 <i>AG</i> 01-24-12

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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.	<p>The emergency telephone numbers posted on the staff telephone on the secured dementia unit desk did not have the personal care home complaint hotline listed.</p> <p>The telephone used by residents that is located on the staff desk in the secured dementia unit did not have telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline posted on or near the telephone.</p>	1-16-12	<p>This was corrected prior to the end of survey. The Director of Plant Ops and/or designee will print stickers and apply to all new resident phones when admitted. Additionally, will audit existing phones monthly to ensure compliance.</p>	<p>03/01/2012</p> <p><i>AG</i> 01-24-12</p>



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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the wellness office did not have a breathing shield.	1-16-12	The breathing shield was placed in the first aid kit immediately. All first aide kits will contain a breathing shield at all times. The Wellness Nurse will audit first aide kits monthly to ensure compliance and replace items as needed. In addition, this had been added to the Safety Committee monthly rounds.	03/01/2012 <i>AG</i> 01-24-12

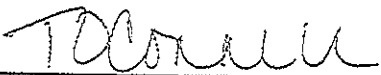

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Room 150 and 165 on the home's secured dementia unit did not have operable lamps near the bedsides.	1-16-12	The resident's lamp had a burned out light bulb which was replaced immediately. Staff will be inserviced on notifying maintenance when a light bulb burns out. Director of Plant Ops and/or designee will audit monthly weekly to ensure compliance.	03/01/2012 01-24-12 

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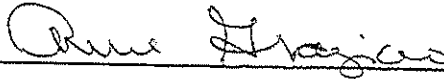
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105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	There was an accumulation of lint in lint trap of the dryers in the first floor secured dementia unit, the first floor central laundry, and the second floor activities room.	1-16-12	Lint traps were cleaned immediately. The Director of Plant Ops developed a "lint log" for the residents to complete when doing laundry. This was communicated to the residents at Resident Council. The Director of Plant Ops will collect the lint log monthly. Signs have been posted in each laundry area to remind residents to clean the lint trap after every use. The housekeepers and/or designee will check the dryer lint traps Qshift and clean if needed.	03/01/2012  01-24-12

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152d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	On 5/24/11, a fire safety expert designated a safe evacuation time to be 3 minutes and 40 seconds and did not identify any fire safe areas. In October 2011, the fire safety expert designated the safe evacuation time to be 6 minutes and identified fire safe areas. Between 5/24/11 and 9/30/11, the home evacuated to internal fire safe areas and fire drill times were as follows:	1-16-12	On 10/31/11 the Fire Marshall conducted an observed fire drill. The approved time for evacuation is 6 minutes. The required documentation was faxed immediately to DPW local office. This form will be completed properly each year at our annual observed fire drill. The Administrator and/or designee will confirm proper form completion at time of observed fire drill.	03/01/2012  01-24-12

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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>TOConnell</i>	DATE 1/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Grazias</i>	DATE 01-24-12

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
	Month	Date	Time	Evac. Time	FSE			
	Jan				No			
	Feb				No			
	Mar				No			
	Apr				No			
	May				No			
	Jun	06/29/2011	06:42 AM	4 min 2 sec	No			
	Jul	07/29/2011	10:45 AM	3 min 4 sec	No			
	Aug	08/29/2011	03:21 PM	5 min 37 sec	No			
	Sep	09/27/2011	11:14 PM	5 min 43 sec	No			
	Oct				No			
	Nov				No			
	Dec				No			

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INSPECTION DATES (include all dates of the inspection) 10/26/2011		REGIONAL REPRESENTATIVE Meriam O'Malley, Ryan Novak	
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SIGNATURE OF LEGAL ENTITY <i>T O'Connell</i>	DATE 1/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne D. Magias</i>	DATE 01-24-12

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
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.	The following medications were unlocked and accessible in the cabinet to the left of the medication cart on the home's secured dementia unit: <ul style="list-style-type: none"> • 5 vials of canocobalamin 1000mcg • 2 bottles of Thiamine 100mg tablets • 3 bottles of Galantamine Hydrobromide 4mg tablets • 1 bottle of Potassium CL 20 meq tablets • 1 bottle of Thiamine HCL 50mg tablets • 2 bottles of Memantine HCL tablets • 4 boxes of Clonidine .2mcg patches • 1 bottle of Chlorthalidone 25 mg tablets • 1 bottle of Amlodipine Besylate 5 mg tablets • 1 box of syringes 	1-16-12	Locks have been placed on all cabinet doors on the side where the med cart is stored. <i>Director of Environmental Services will observe monthly and report any broken locks. Locks will be fixed within 48 hrs. All materials</i>	03/01/2012 <i>AT</i> 01-24-12

will be removed if lock discovered to be broken.



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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
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,	Resident #1's Novolog 100 units was opened on 9/9/11. The insulin expires 28 days after puncturing of the bottle. Resident #2's Advair 250/50 was dated 9/20/11. The diskus expires 1 month after opening the foil pouch.	1-16-12	Both medications were immediately discarded. The nursing staff have been inserviced on destruction of meds once opened. The Director of Resident Services and/or designee will audit monthly to ensure compliance regarding the expiration expiration date of medications.	03/01/2012 <i>AG</i> 01-24-12

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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>TDCorallu</i>	DATE 1/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Meriam O'Malley</i>	DATE 01-24-12

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
190a A staff person who has successfully completed a Department-approved course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	The home did not have documentation showing that staff person D successfully completed and passed the medication administration course. Staff person F administers medications to residents. ERROR	1-16-12	The regulation was misinterpreted by the HR staff. Now clarified, the med techs were immediately taken off the schedule. They all have be re-certified as med techs. HR together with the Director of Resident Services will verify med tech certification upon hire and annually thereafter. <i>Director Resident Services has a tracking system to insure compliance with med tech training dates. Staff person D was updated regarding med training.</i>	03/04/2012 <i>QJ</i> 01-24-12

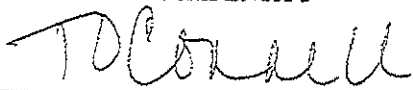

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Resident #3's medication administration record did not include a diagnosis for the following medications: <ul style="list-style-type: none"> • Simvastatin 40mg • Amlodipine Besylate 2.5mg • Citalopram Hydrobromide 40mg • Faldantamine Hydrobromide • Oxzepam Oral Caplets 10mg • Timolol Maleate Ophthalmic Solution • Vitamin B-12 Resident #4's medication administration record does not include a diagnosis for ativan 0.5mg.	1-16-12	All diagnosis have been added to this resident's MAR. The nursing staff will be inserviced on entering medication into the pharmacy system and having a diagnosis for each medication. The Director of Resident Services and/or designee will audit monthly to ensure compliance. The pharmacy has updated their software to insure medications w/o dx cannot be entered electronic cards.	03/01/2012 <i>Also</i> 01-24-12

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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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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
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	The cognitive preadmission screening for Resident #3 was not completed within 72 hours prior to the date of admission, 7/03/2011. The preadmission screening form was dated 6/27/2011, but the cognitive screening was left blank.	<i>1-16-12</i>	The nursing staff will be inserviced on proper completion of preadmission screening tool. The Memory Care Coordinator and/or designee will audit all new admissions to ensure compliance. <i>In the future all new admissions will have the pre-admission screening completed within 72 hrs prior to admission.</i>	<i>03/01/2012</i> <i>as</i> <i>01-24-12</i>