

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SPRIT OF GHEEL

LEGAL ENTITY

To operate BUTTONWOOD FARM

NAME OF FACILITY OR AGENCY

Located at 14 BUTTONWOOD LANE, P.O. BOX 610, KIMBERTON, PA 19442

(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 7
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 January 15, 2012 until January 15, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 107900

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

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

JAN 26 2012

Ms. Vanessa Perez, Director of Operations
Spirit of Gheel
P.O. Box 610
Kimberton, Pennsylvania 19442

RE: Buttonwood Farm
P.O. Box 610, 14 Buttonwood Lane
Kimberton, Pennsylvania 19442

Dear Ms. Perez:

As a result of the Department of Public Welfare's licensing inspection on November 7, 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', with a long horizontal flourish 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 BUTTONWOOD FARM, 14 BUTTONWOOD LANE P O BOX 610 KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 107900	
INSPECTION DATES (Include all dates of the inspection) 11/07/2011, 11/08/2011		REGIONAL REPRESENTATIVE Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Vanessa Perez, Director of operations</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 12/8/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/12/11



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
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 management of reportable incidents.	12/5/11	updated policy + procedures regarding prevention mgt (by director of operations) see attached Doc-1	NSC 12/12/11
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	- Direct care staff person A received only 3.5 hours of annual training in training year 2010. - Direct care staff person B received only 10.25 hours of annual training in training year 2010.	12/31/11	ONGOING m... ^{trainings} Director of operations will check back Direct Care to ensure compliance - Staff person A will makeup 8.5 hrs of training that was missed in 2010, this year by being trained onsite Direct Care Staff person B will makeup 1.75 trainings hours that were missed in 2010, this year 2011	Steps have been taken to correct violation; full compliance is not verifiable 12/12/11 NSC Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME BUTTONWOOD FARM, 14 BUTTONWOOD LANE P O BOX 610 KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 107900	
INSPECTION DATES (Include all dates of the inspection) 11/07/2011		REGIONAL REPRESENTATIVE Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Vanessa Perez, Director of Operations</i>			
SIGNATURE OF LEGAL ENTITY <i>Vanessa</i>	DATE 12/8/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/2/11

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
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 person A did not receive training in Emergency Preparedness and Fire Safety during training year 2010.	12/8/11 ONGOING	Staff person A will receive Emergency preparedness and Fire Safety training 12/8/11 fire safety training was done 2x this year to makeup for last yr. Director of Operations will check training book on a monthly basis to ensure compliance.	Steps have been taken to correct violation; full compliance is not verifiable 12/2/11 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME BUTTONWOOD FARM, 14 BUTTONWOOD LANE P O BOX 610 KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 107900	
INSPECTION DATES (Include all dates of the inspection) 11/07/2011		REGIONAL REPRESENTATIVE Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Vanessa Perez, Director of Operations</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 12/8/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/12/11

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
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.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME BUTTONWOOD FARM, 14 BUTTONWOOD LANE P O BOX 610 KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 107900	
INSPECTION DATES (Include all dates of the inspection) 11/07/2011		REGIONAL REPRESENTATIVE Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Vanessa Perez Director of Operations</i>			
SIGNATURE OF LEGAL ENTITY <i>Vanessa</i>	DATE 12/8/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/12/11

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
65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	<p>The home's record of direct care staff training does not include length and source for direct care staff member B's training for resident rights and the older adult protective services act for 2010.</p> <p>The home's record of direct care staff training does not include length and source for direct care staff member C's training for resident rights and the older adult protective services act, diabetes training, and fall prevention for 2010.</p>	<p><i>immediately</i></p> <p><i>immediately</i></p> <p><i>12/15/11</i></p> <p><i>ONGOING</i></p>	<p><i>instituted use of form 668 as per DPW recommendation to ensure full compliance.</i></p> <p><i>Director of operations + Administrative Assistant will be responsible for annual training plan coordination + verification</i></p> <p><i>THE HOME'S TRAINING RECORD WILL BE UPDATED WITH THE LENGTH AND SOURCE OF TRAININGS RECEIVED BY STAFF PERSONS B AND C.</i></p> <p><i>THE ADMINISTRATOR WILL AUDIT THE HOME'S TRAINING RECORD ON A MONTHLY BASIS TO ENSURE THE REQUIRED INFORMATION IS PRESENT.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>NSC</i></p> <p style="text-align: center;"><i>12/12/11</i></p> <p style="text-align: center;">Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME BUTTONWOOD FARM, 14 BUTTONWOOD LANE P O BOX 610 KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 107900	
INSPECTION DATES (Include all dates of the inspection) 11/07/2011		REGIONAL REPRESENTATIVE Christine McHale	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Vanessa Perez, Director of Operations</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 12/8/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/12/11


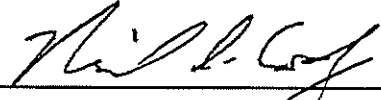
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The exterior steps located at the exit closest to the bathroom on the first floor has a 3 inch stepdown. There is no handrail at this location.	12/15/11	A handrail will be installed permanently as instructed by DPW	Steps have been taken to correct violation; full compliance is not verifiable 12/21/11 Date Initials (DPW) N/C

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

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SIGNATURE OF LEGAL ENTITY <i>Vanessa Perez</i>	DATE 12/8/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE 12/12/11

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
185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive	The home's procedures for the safe use of medications and medical equipment do not include the receipt of controlled substances and other medications. On 11/8/11, a package of 30 Lorazepam 1 mg prescribed for resident #1 was observed in the home's medication cabinet. The home did not have any documentation for the receipt of this medication.	11/20/11	The pharmacy now provides receipt of all medications when delivered and 2 staff shall sign off on this receipt each time medication arrives. The Director of operations will check this receipt book monthly to ensure compliance See Doc #2	Steps have been taken to correct violation; full compliance is not verifiable 12/12/11 Date NSC Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME BUTTONWOOD FARM, 14 BUTTONWOOD LANE P O BOX 610 KIMBERTON, PA . 19442		CURRENT LICENSE NUMBER 107900	
INSPECTION DATES (Include all dates of the inspection) 11/07/2011		REGIONAL REPRESENTATIVE Christine McHale	
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SIGNATURE OF LEGAL ENTITY 	DATE 12/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/12/11

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
medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.				