

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SPIRIT OF GHEEL

LEGAL ENTITY

To operate GHEEL HOUSE

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 610, 10 HOLLOW ROAD, 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 8
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 20, 2012 until January 20, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 144320

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 07 2012

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

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

RE: Gheel House
P.O. Box 610, 10 Hollow Road
Kimberton, Pennsylvania 19442

Dear Ms. Perez:

As a result of the Department of Public Welfare's licensing inspection on November 7, 2011 and November 8, 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 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 GHEEL HOUSE, P O BOX 610 10 HOLLOW ROAD KIMBERTON, PA 19442		CURRENT LICENSE NUMBER 144320	
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 	DATE 12/8/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/12/11


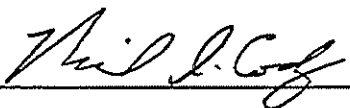
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16b The home shall develop and implement written policies 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 + mgmt (by director of operations) See attached Doc. 1	NSC 12/12/11
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	The home manages the finances for resident #1. On 10/4/11, the resident had a balance of \$42.31. The resident withdrew a total of \$25.00. The home calculated the balance remaining as \$17.00. The balance should have been \$17.31. The resident's current balance as of 11/7/11, states that the resident has \$57.00. The actual amount of cash that the resident has is \$57.11.	12/8/11 immediately AND ONGOING	THE FINANCIAL RECORD FOR RESIDENT #1 HAS BEEN UPDATED WITH THE CORRECT BALANCE. Director of Operations will re educate staff on counting all change each time any transaction is made. Administrative Assistant will check financial records on a monthly basis - see Doc #3	Steps have been taken to correct violation; full compliance is not verifiable 12/12/11 NSC Date Initials (DPW)

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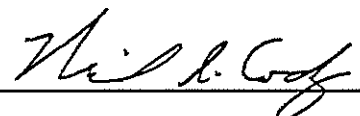
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20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	On 10/4/11, a cash disbursement of \$25.00 was made to resident #1. The home did not obtain the resident's signature for the receipt of the disbursement.	Immediately AND ONGOING 12/8/11	<p style="text-align: center;">Director of operations will re educate staff on correct procedures for cash disbursements for residents. Administrative Assistant will check forms monthly for compliance</p> <p>THE FINANCIAL RECORD FOR RESIDENT #1 WAS UPDATED WITH THE RESIDENT'S SIGNATURE</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <u>12/12/11</u> Initials (DPW) <u>JSC</u></p>

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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
65c Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	<ul style="list-style-type: none"> - 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. 	<p>12/31/11</p> <p>12/31/11</p> <p>ONGOING</p>	<p>Direct Care staff persons A+B will makeup necessary training hours onsite, by the end of 2011, for zero missed hours.</p> <p>Director of operations will perform monthly checks of Training Book to ensure compliance</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/12/11 Date</p> <p>AS Initials (DPW)</p>

VIOLATION REPORT
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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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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
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>immediately</p> <p>immediately</p> <p>12/15/11</p> <p>ONGOING</p>	<p>instituted use of form 606B as per recommendation of DPW inspector's to ensure full compliance.</p> <p>Director of Operations + Administrative Assistant will be responsible for annual training plan coordination + verification</p> <p>THE HOME'S TRAINING RECORD WILL BE UPDATED WITH THE LENGTH AND SOURCE OF TRAININGS RECEIVED BY STAFF PERSONS B AND C.</p> <p>THE ADMINISTRATOR WILL AUDIT TRAINING RECORDS ON A MONTHLY BASIS TO ENSURE THE REQUIRED INFORMATION IS PRESENT.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/15/11 Date Initials (DPW) MSC</p>

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102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There is no grab bar, hand rail or assist bar for the toilet in the bathroom next to resident #2's room.	<i>12/15/11</i>	<i>A grab bar will be installed permanently as instructed by DPW.</i>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>12/12/11</i> Initials (DPW) Date</p>

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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.	12/10/11	The pharmacy now provides receipt of All medications when delivered and 2 Staff shall sign off on this receipt each time medications arrive. 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 12/13/11 Date MS Initials (DPW)

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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.				