



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: January 30, 2012

Mr. John P. Rijos, Co-President
ARC Brandywine, LP
35 Freedom Boulevard
West Brandywine, Pennsylvania 19320

RE: The Inn at Freedom Village

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on November 16, 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.

Sincerely,

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Inn at Freedom Village, 25 Freedom Blvd. West Brandywine, PA. 19320		CURRENT LICENSE NUMBER 118750	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DAVID MACIUKIEWICZ, DIRECTOR / ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>David Maciukiewicz</i>	DATE <i>12-20-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>01-26-12</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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 10/26/11 an allegation of abuse of Resident 1 was reported by staff person A. The home did not report the allegation to the PA State Department of Aging.	To be completed by January 30, 2012 On-going Completion by January 30, 2012 Immediate	The home will require all associates to attend an In-service training that will provide them with direction about the importance and obligation to report physical and sexual abuse immediately. Detail direction will be provided for the order of reporting and the completion of the necessary documentation. All associates will be required to review the homes abuse and reportable incident policies. Associates will be required to document that they have reviewed the policies with a signature and date. An associate who has witnessed or received a report about abuse will be required to complete an abuse investigation check list (attached) that will guide them to report the allegation within the required timeframe and to notify the designate authorities and family member. The associates will be required to compete and submit the investigation check list within 24 hours to the administrator who will ensure that compliance was achieved.	<i>AG</i> <i>01-26-12</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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	<p>-The most recent assessment for Resident 1 was completed on 6/9/2011. The assessment was not updated with the change in mobility. The resident came to the facility utilizing a wheelchair and has progressed to the point they does not utilize this device anymore.</p> <p>-Resident 1's assessment dated 6/9/11 was not updated to reflect the new plan of supervision after the incident on 10-26-11. The plan included that resident 1 was not to sit at the same table with the other resident involved in the incident, staff are to closely monitor resident 1 and redirect when necessary, and monitor resident 1 more frequently for aggressive behavior.</p>	<p>Immediate</p> <p>Immediate</p>	<p>The resident's assessment was reviewed and updated to reflect the change in mobility. Additional changes were made to the resident's support plan.</p> <p>When ever there is a change in a resident's status or condition, the assessment and support plan will be up-dated immediately to reflect the new conditions. The system to monitor a residents change in status will include the use of the 24 hour report the will be reviewed daily by the resident care coordinator /nurse and administrator. The 24 hour report will be employed by (all) three shifts documenting residents' conditions. Based upon the report, an assessment and care plan then will be updated.</p> <p>The administrator or resident care coordinator, or designee, will be responsible to complete the documentation. They will provide direction to the associates about the change in condition and management of care. (continued)</p>	<p><i>01-26-12</i></p>

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