

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PENNSWOOD VILLAGE

To operate PENNSWOOD VILLAGE PERSONAL CARE HOME

Located at 1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA 18940

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

The total number of persons which may be cared for at one time may not exceed 41
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

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: **126750**

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

MAR 20 2012

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

Mr. Benjamin T. Hoyle, CFO & Treasurer
Pennswood Village
Pennswood Village Personal Care Home
1382 Newtown-Langhorne Road
Newtown, Pennsylvania 18940

Dear Mr. Hoyle:

As a result of the Department of Public Welfare's licensing inspection on November 28, 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.

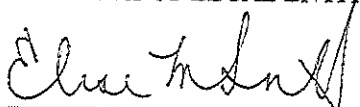

Sincerely,

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 Pennswood Village Personal Care Home, 1382 Newtown Langhorn Road Newtown, PA 18940		CURRENT LICENSE NUMBER 126750	
INSPECTION DATES (Include all dates of the inspection) 11/28/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 1/6/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 01-26-12

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
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 reportable incident policy does not address prevention or management of reportable incidents.	1/13/12	16b) The home's policies have been updated to address the prevention and management of reportable incidents. - see attachments #1 and #2 The Adm. will review home's policies annually to insure compliance w/ the regulations.	Steps have been taken to correct violation; full compliance to not verifiable Date: 01-26-12 Initials (DPW):

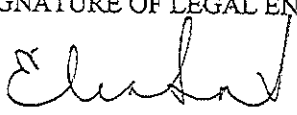

PCH Division
Central Region Field Office


JAN 10 2012

RECEIVED



01-26-12


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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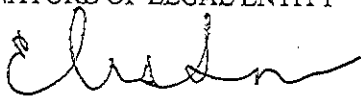

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26c The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.	The most recent quality management review for the home was completed on February 24, 2009.	1/6/12	<p>The surveyor inadvertently did not see the Quality management report dated 6/7/10.</p> <p>The nurse manager will keep the Quality management records in separate files, according to year to avoid future oversights.</p> <p>- see attached #3</p>	 01-26-12

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64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	Staff Person A, the home's administrator, did not complete all 24 hours of required annual training through Department approved training sources.	1/6/12	<p>Training hours were completed, however, not all courses were DPW approved. The Nurse manager will ensure that 24 hours of department approved training is done annually. The Administrator will complete 7 hours of training to make up the 2010 hours by 5/15/12.</p> <p style="text-align: right;">UAC 3/2/12</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">3/2/12 Date</p> <p style="text-align: center;">Initials (DPW) </p>

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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 Person B did not receive training in the emergency medical plan, reportable incidents, OAPSA reporting and resident rights within the first 40 hours of scheduled employment. <i>The nurse manager will review all direct care employees to insure proper training is provided and documented correctly.</i> <i>AG</i> <i>01-26-12</i>	1/6/12	Staff person B did receive the required training within the required time frame. She did not appropriately date the form. The form was corrected on the date of inspection. The nurse manager will review and ensure accurate completion of all training records -see attachment #1	Steps have been taken to correct violation; full compliance is not verifiable Date: 01-26-12 Initials (DPW):

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		<i>Anne Grayson</i>	01-26-17

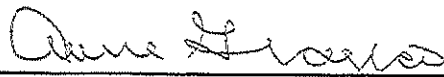
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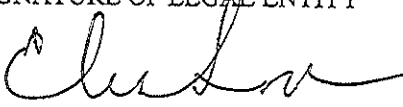

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<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special 	<p>Resident #2's Plavix was not initialed as given on November 18, 2011. Resident #2's Aricept was not initialed as given on November 18, 2011. Resident #3's Propranolol was not initialed as given on November 24, 2011.</p>	<p>1/13/12</p>	<p>A new procedure is being implemented. Every shift the Nursing staff will review MARs for accuracy and completion.</p> <p>The nurse manager will monitor to ensure compliance - on a weekly basis.</p> <p>AS 01-26-12</p> <p>- see attachments #5 and #6</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not applicable</p> <p style="text-align: center;">Date: 01-26-12 Initials (DPW): AS</p>

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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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251a A separate record shall be kept for each resident.	All the residents in the home have their contracts, medical evaluations, assessments, support plans and preadmission screenings kept in a single binder.	1/13/12	All contracts, medical evaluations, assessments, support plans and preadmission screenings will now be kept in separate binders. All nursing staff will be notified via memo of this change. Adm will do an audit resident records to insure compliance. - see attachment CP 01-26-12 #7	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Steps have been taken to correct violation. CP compliance (9/12/12) verified. Date: 01-26-12 Initials: (DPTW) </div>	