

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SACRED HEART ASSISTED LIVING BY SAUCON CREEK, LLC

LEGAL ENTITY

To operate SACRED HEART ASSISTED LIVING BY SAUCON CREEK

NAME OF FACILITY OR AGENCY

Located at 4851 SAUCON CREEK ROAD, CENTER VALLEY, PA, 18034

(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 100
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 December 17, 2011 until December 17, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216750

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 03 2012

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

Mr. James Kusko, President
Sacred Heart Assisted Living by Saucon Creek, LLC
3910 Adler Place, Suite 100
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Assisted Living by Saucon Creek
4851 Saucon Creek Road
Center Valley, Pennsylvania 18034

Dear Mr. Kusko:

As a result of the Department of Public Welfare's licensing inspection on December 14, 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 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

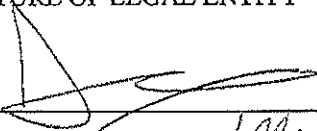
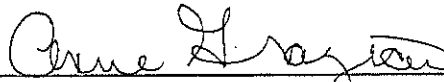
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SACRED HEART ASSISTED LIVING BY SAUCON CREEK, 4851 SAUCON CREEK ROAD CENTER VALLEY, PA 18034		CURRENT LICENSE NUMBER 216750	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) James Kusko, President Northampton Personal Care Inc., General Partner Saucon Creek Assisted Living LP, Member Sacred Heart Assisted Living by Saucon Creek, LLC			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i> Member		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 01-17-12

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
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	The 10/4/10 Violation Report posted on the left side in the vestibule of the main entrance to the home included the "Privacy Coding" document which included the names of several residents. The report was accessible to visitors to the home. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold;">JAN 13 2012</div> <div style="text-align: center; font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>		-Regulation 17: Violation was corrected on the day of inspection. The "Privacy Coding" document was removed and discarded. This page will be removed prior to the posting of any future violation reports. <i>by the Administrator</i>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation and compliance will be maintained. Date: 01-17-12 Initials: <i>[Signature]</i> </div>

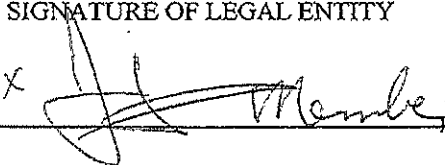

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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>X</i> 	DATE 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-17-12

Member

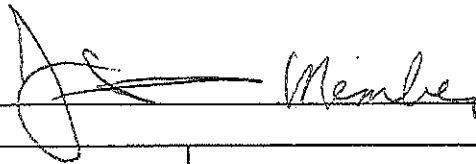
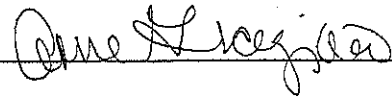
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
designated person, or if a court orders disclosure.			-Regulation 17 (cont.): See page 1.	

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

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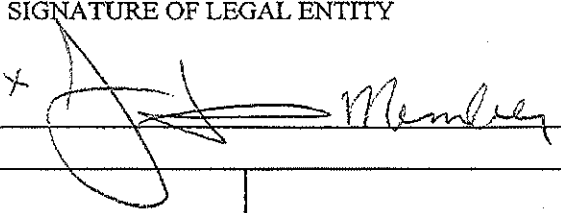

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65a Within 40 scheduled working hours, direct care staff persons, 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	Regularly scheduled contract employees of Tridon Services, Inc, who complete housekeeping duties in the home, were not trained in any of the areas of this regulation. The staff persons included, but were not limited to, the following: Staff person "A" Hired 8/9/11. Staff person "B " : Hired 9/27/11 Staff person "C" : Hired 9/22/11 Repeated Violations: 10/04/2010		-Regulation 65a: All regularly scheduled contract employees of Tridon Services, Inc. completed the general fire safety and emergency preparedness orientation, Certificates of Completion attached. A Tridon file has been established for all regular Tridon employees. A plan of communication is in place to alert Human Resources of new and discharged Tridon employees. In the future, these employees will be treated, for training purposes, as ancillary facility employees.	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation and compliance is maintained.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 1-17-12 Initials: RB</p>


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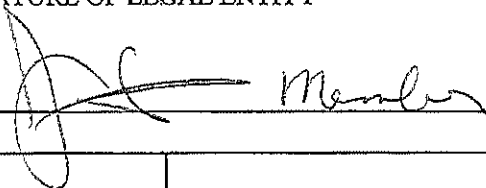

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
			-Regulation 65a (cont.): See page 3.	

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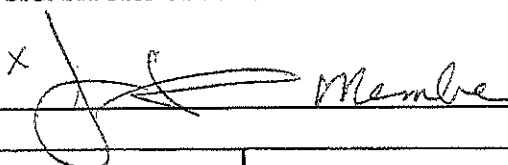
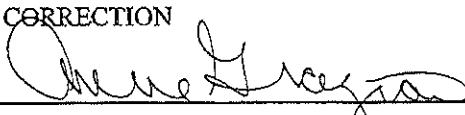
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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Regularly scheduled contract employees of Tridon Services, Inc, who complete housekeeping duties in the home, were not trained in any of the areas of this regulation. The staff persons included, but were not limited to, the following: Staff person "A": Hired 8/9/11 Staff person "B": Hired 9/27/11 Staff person "C": Hired 9/22/11		-Regulation 65b: Human Resources initiated and completed mandatory training for all regularly scheduled contract employees of Tridon Services, Inc., Certificates of Completion and signed forms attached. A Trident file has been established for all regular Tridon employees. A plan of communication is in place to alert Human Resources of new and discharged Tridon employees. In the future, these employees will be treated, for training purposes, as ancillary facility employees.	 1-17-12

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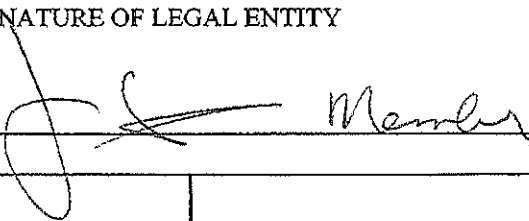

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			-Regulation 65b (cont.): See page 5.	

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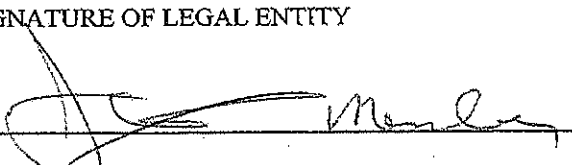
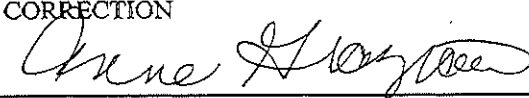
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65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Staff person "D", who completes unsupervised ADL services to residents, did not complete the required Department-approved direct care training course or pass the competency test. Staff person "D's date of hire was 11/2/11.		-Regulation 65d: Staff person "D" completed the required Department-approved direct care training course and passed the test, certificate attached. In the future, only direct care staff that have submitted this certificate to Human Resources will be placed on the schedule. <i>The Adm or a designee will review employee files to insure completeness, correctness, timeliness and compliance w/ staffing regulations.</i>	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verified.</p> <p style="font-size: x-small;">Date: 1/17/12 Initials: [Signature]</p>

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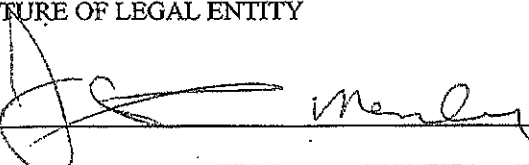
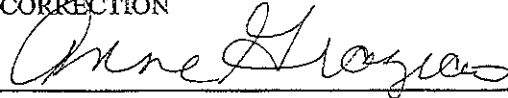
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual			-Regulation 65d (cont.): See page 7.	

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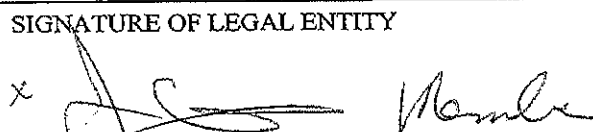

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.			-Regulation 65d (cont.): See page 7.	

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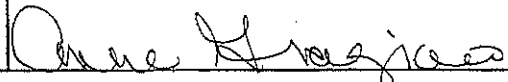
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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			-Regulation 65d (cont.): See page 7.	

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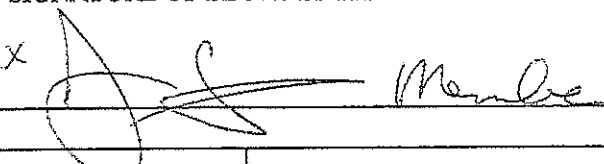
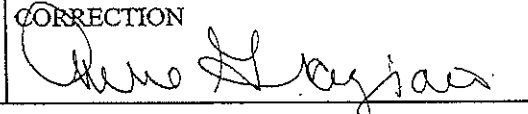
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Ancillary staff person "H", hired 2/11/08, did not receive the required 2010 annual fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert. The training year was identified as 1/1/10 through 12/31/10 by staff person "I", who is the administrator.		-Regulation 65g: Staff person "H" is a full-time college student, working part-time in the facility. Human Resources will schedule multiple future "in-services", offering at least one day-time and one evening opportunity to participate. <i>Adm will review employee files to insure compliance</i>	<p style="font-size: small;">Steps have been taken to correct violation. Full compliance is not verified.</p> <p style="font-size: x-small;">Date: 1-17-12 Initials: OSB</p>

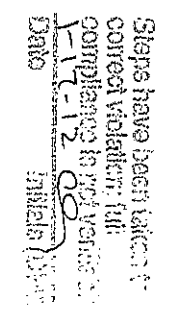
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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			-Regulation 65g (cont.): See page 11.	

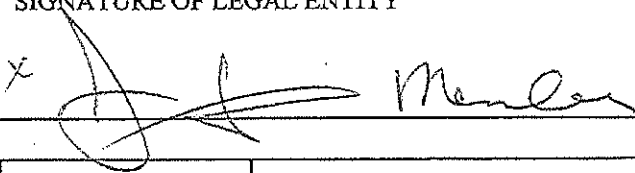
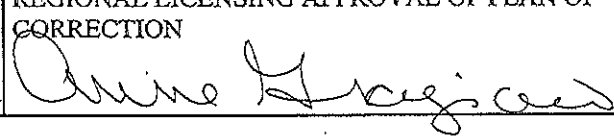
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SACRED HEART ASSISTED LIVING BY SAUCON CREEK, 4851 SAUCON CREEK ROAD CENTER VALLEY, PA 18034		CURRENT LICENSE NUMBER 216750	
INSPECTION DATES (Include all dates of the inspection) 12/14/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Betty Bloch	
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 1/11/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-17-12

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
132d: 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.	The home's fire safety expert gave the home a safe evacuation time of 11minutes 0 seconds on 6/29/11. The home exceeded their evacuation time on the following dates: 6/27/11-Drill was held at 10:55 pm , 12 mins 15 seconds 11/17/11-Drill was held at 10:55 pm , 11 mins 20 seconds. Repeated Violations: 10/04/2010		-Regulation 132d: We have consistently had difficulty in meeting the 11 minute evacuation time for the evening fire drill only because of the reduced staff in the building at this time of day. We have requested an updated Fire Safety Inspection Letter from our Fire Safety Expert with a safe evacuation time of 13 minutes to accommodate sleeping time fire drills. UNACCEPTABLE PLAN The Administrator will consult w/a fire safety expert to secure a letter that specified evacuation time based on the construction and safety features of the building. Fire drills will be conducted according to regulation. Mobility needs	

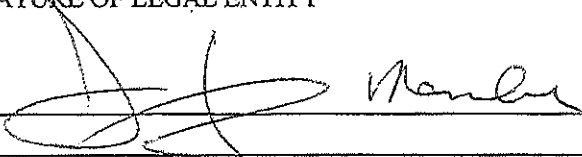
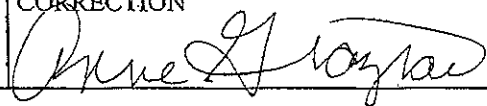
-will be addressed in determination, if the home can meet residents needs
1-17-12


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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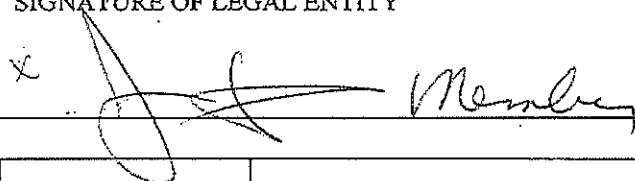
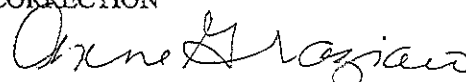
REGULATION 55 Pa.Code §2600	VIOLATION					DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	Mont	Date	Time	Evac. Time	FSE			
	Jan				No		-Regulation 132d (cont.): See page 13.	
	Feb	02/25/2011	11:30 AM	6 mins 45 sec	No			
	Mar	03/30/2011	03:45 PM	8 mins 48 sec	No			
	Apr	04/28/2011	11:15 AM	7 mins 5 secs	No			
	May	05/31/2011	09:30 AM	9 mins 32 sec	No			
	Jun	06/27/2011	10:55 PM	12 mins 15 sec	No			
	Jul	07/25/2011	06:50 PM	7 mins 35 sec	No			
	Aug	08/30/2011	01:40 PM	9 mins 15 sec	No			
	Sep				No			
	Oct	10/21/2011	07:20 AM	9 mins 35 sec	No			
	Nov	11/17/2011	10:55 PM	11 mins 20 sec	No			
	Dec				No			

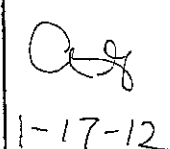
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143a. The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The home's written emergency medical plan did not include that the resident has a choice of the hospital or the source of health care that will be used in the event of an emergency, if possible.		-Regulation 143a: The written Emergency Medical Plan has been updated to overtly state "medical center of the resident's choice as indicated on the resident's Fact Sheet", revised copy attached.	 1-17-12

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

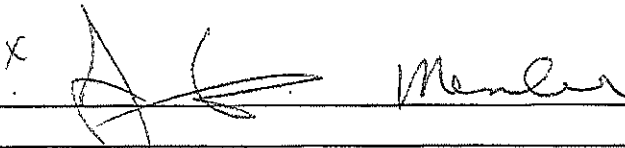
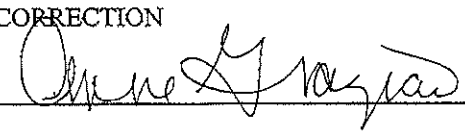
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Direct care staff # G" Department-approved medication administration training was incomplete and, therefore, is not currently qualified to administer medications to residents. The required 2011 Student Certification Form was not completed for the Annual Practicum, which was due within 12 months of the Initial Annual Practicum completed on 12/9/10.		-Regulation 183b: Direct Care staff #G completed her Annual Practicum on time. The Student Certification Form was completed; however, the Medication Trainer failed to check off the "Annual" box. In the future, the Trainer will be more careful to review completed paperwork to ensure accuracy. In addition, the Resident Care Coordinator will double check Medication Training paperwork on a monthly basis.	 1-17-12

VIOLATION REPORT

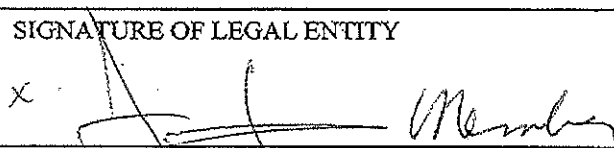
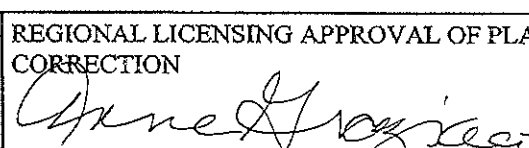
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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	The home did not have a diagnosis listed with the following resident's medications: Resident #1 Prednisone 5 mg tab. take 4 tabs. 3 times a day 1; Take 2 tabs. 3 times a day 2; Take 1 tab a day 3 times a day 3; Take 1 tab 3 times a day 4 and then 1 tab a day for a week then stop medication. Resident #2 Darvon 160 mg tab. Take 1 tab po. Daily Resident #3 Mupirocin 2 % ointment , apply to cheek one time a day. cleanse with soap daily. Use Gauze and tape to cover the area. Stop if the area becomes excessively irritated stop the treatment. Repeated Violations: 10/04/2010		-Regulation 187a: Diagnoses were handwritten on the MAR's to correct the violation on the day of inspection. Med Techs were reinstructed to check the MAR's on the day of delivery. Any missing diagnoses must be entered immediately by hand in order to ensure compliance. The Director of Resident Care spoke with the pharmacy directly, working together to resolve the issue from that end. The Adm or a designee will conduct weekly MAR reviews for 90 days post issuance of the license to insure compliance. Less frequent reviews will take place after 90 days if a high degree of compliance is achieved. 01-17-12	Steps have been taken to correct violation and compliance is verified. Date: 1-17-12 Initials: [Signature]

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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.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">JAN 13 2012</div> <div style="font-size: 1em;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>		-Regulation 187a (cont.): See page 17.	