

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHANNONDELL, INC.

LEGAL ENTITY

To operate THE MEADOWS AT SHANNONDELL

NAME OF FACILITY OR AGENCY

Located at 6000 SHANNONDELL DRIVE, AUDUBON, PA 19403

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 58
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 18

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 March 31, 2012 until March 31, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128370

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. Dan Freed, V.P. of Health Services
Shannondell, Inc.
10,000 Shannondell Drive
Audubon, Pennsylvania 19403

RE: The Meadows at Shannondell
6000 Shannondell Drive
Audubon, Pennsylvania 19403

Dear Mr. Freed:

As a result of the Department of Public Welfare's licensing inspection on February 19, 2012 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 be 'R 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 THE MEADOWS AT SHANNONDELL, 6000 SHANNONDELL DRIVE AUDUBON, PA 19403		CURRENT LICENSE NUMBER 128370	
INSPECTION DATES (Include all dates of the inspection) 02/09/2012		REGIONAL REPRESENTATIVE Neil Cody, Jaime Erb, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Rudie Stubblebine</i>			
SIGNATURE OF LEGAL ENTITY <i>Rudie Stubblebine, PCHA</i>	DATE <i>2.23.12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil Cody</i>	DATE <i>2/24/12</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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Staff Person A received only 7.5 hours of annual training in training year 2010.	<i>3.9.12</i>	<ol style="list-style-type: none"> 1) STAFF PERSON A RECEIVED THE REQUIRED 12 HRS. OF TRAINING IN 2011 2) FACILITY EMPLOYEES WILL ATTEND REQUIRED TRAINING SESSIONS ON AN ONGOING BASIS. 3) THE FACILITY EDUCATION PLAN WILL BE MODIFIED TO IMPROVE TRACKING OF ATTENDANCE IN TRAINING. 4) THE PC ADMINISTRATOR WILL MONITOR FOR COMPLIANCE. 	Steps have been taken to correct violation; full compliance is not verifiable <i>2/24/12</i> Date	Initials (DPW) <i>NSC</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE MEADOWS AT SHANNONDELL, 6000 SHANNONDELL DRIVE AUDUBON, PA 19403		CURRENT LICENSE NUMBER 128370	
INSPECTION DATES (Include all dates of the inspection) 02/09/2012		REGIONAL REPRESENTATIVE Neil Cody, Jaime Erb, Rebecca Riel	
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>Russie E. Qualls Line, PCHA</i>	DATE 2-23-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil L. Cody</i>	DATE 2/24/12

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
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	Staff Person B did not receive training in emergency preparedness during training year 2010.	3.9.12	<ol style="list-style-type: none"> 1) Facility employees will attend required training sessions on an ongoing basis. 2) The Facility Education Plan will be modified to improve tracking of attendance in training. 3) The PC Administrator will monitor for compliance. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/24/12 NJL Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE MEADOWS AT SHANNONDELL, 6000 SHANNONDELL DRIVE AUDUBON, PA 19403		CURRENT LICENSE NUMBER - 128370	
INSPECTION DATES (Include all dates of the inspection) 02/09/2012		REGIONAL REPRESENTATIVE Neil Cody, Jaime Erb, Rebecca Riel	
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>Ruelle Quince Line, PCAA</i>	DATE <i>2-23-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil J. Cody</i>	DATE <i>2/24/12</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
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.			<i>INTENTIONALLY Blank</i>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE MEADOWS AT SHANNONDELL, 6000 SHANNONDELL DRIVE AUDUBON, PA 19403		CURRENT LICENSE NUMBER 128370	
INSPECTION DATES (Include all dates of the inspection) 02/09/2012		REGIONAL REPRESENTATIVE Neil Cody, Jaime Erb, Rebecca Riel	
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>Russie Qualls Linn, PCMH</i>	DATE 2-23-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil Cody</i>	DATE 2/24/12

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
66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming	The home does not have a staff training plan.	3.9.12 3/9/12 AND ONGOING.	1) The facility does have a staff training plan and has always had a staff training plan 2) The facility provided a copy of our current staff training plan when it was requested by DPW 3) The staff training plan will be modified to include the details outlined in 66b(1-3). 4) The PC Administrator will monitor and update the staff training plan as needed.	Steps have been taken to correct violation; full compliance is not verifiable 2/24/12 Date Initials (DPW) NSC

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 02/09/2012		REGIONAL REPRESENTATIVE Neil Cody, Jaime Erb, Rebecca Riel	
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>Russie Bunchel, PCHA</i>	DATE <i>2-23-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil J. Cody</i>	DATE <i>2/24/12</i>

REGULATION 55 Pa.Code §2600 year.	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
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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>Russie Bunnell Line</i>	DATE 2.23.12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil P. Long</i>	DATE 2/24/12

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
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #1 had a medical evaluation on 9/8/2010. ██████████ most recent medical evaluation was completed on 12/20/2011, more than 12 months since completion of the previous medical evaluation.	3.9.12	<p>1) Resident #1's medical Evaluation was most recently completed on 12.20.11.</p> <p>2) A facility wide audit on 100% of residents will be conducted to verify the completion dates of all medical Evaluations</p> <p>3) On an ongoing basis, the PC Administrator or designee will audit the medical evaluations to ensure compliance.</p> <p>4) the PC Administrator will monitor for compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">2/24/12 Date Initials (DPW)</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
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SIGNATURE OF LEGAL ENTITY <i>Rueie Bunnell Lane, PCHA</i>	DATE 2-23-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil J. Cody</i>	DATE 2/24/12

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236 Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training in 65.	Staff Person B only received 0.5 hours of the required 6 hours of training in memory care during training year 2010.	3.9.12	<ol style="list-style-type: none"> 1) The facility staff training plan will be modified to improve tracking of staff training hours. 2) Facility employees that work in the dementia care unit will attend the 2E. required 6 hours of training in memory care. 3) The PC Administrator will monitor for compliance. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>2/24/12</i> Date</p> <p><i>AVC</i> Initials (DPW)</p>