

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARC BRANDYWINE, LP

LEGAL ENTITY

To operate THE INN AT FREEDOM VILLAGE

NAME OF FACILITY OR AGENCY

Located at 25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA 19320

(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 25  
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 25

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 27, 2012 until March 27, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 118750

*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

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

APR 12 2012

Mr. T. Andrew Smith, EVP General Counsel & Sec.  
ARC Brandywine, LP  
The Inn at Freedom Village  
35 Freedom Boulevard  
West Brandywine, Pennsylvania 19320

Dear Mr. Smith:

As a result of the Department of Public Welfare's licensing inspection on February 28, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. 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 THE INN AT FREEDOM VILLAGE, 25 FREEDOM BOULEVARD WEST BRANDYWINE, PA 19320		CURRENT LICENSE NUMBER 118750	
INSPECTION DATES (Include all dates of the inspection) 02/28/2012		REGIONAL REPRESENTATIVE Doug Hoover, 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) <i>Debra Catman LPN/PCHA</i> <i>DAVID J. MACMURKIEWICZ, DIRECTOR OF SENIOR LIVING</i>			
SIGNATURE OF LEGAL ENTITY <i>Debra Catman LPN/PCHA</i> <i>David Macmurekiewicz</i>	DATE <i>03-16-2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glori Enck</i>	DATE <i>3-23-12</i>

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
103i Outdated or spoiled food or dented cans may not be used.	There was a 6 pound, 8 ounce can of "Carbotrol Bartlett Pears" that was severely dented in the kitchen can rack.	Immediate 02/28/2012  To be completed by March 30, 2012  Ongoing	Dented can of food was removed immediately.  The Director of Dining will hold an in-service for all current kitchen associates and pantry staff about the DPW policy about dented cans not to be used for food service. Practice standards about handling and discarding dented cans are added to new hire training for each new hire for the kitchen and pantry staff.	<i>3-23-12 DE</i>

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NAME AND ADDRESS OF PERSONAL CARE HOME THE INN AT FREEDOM VILLAGE, 25 FREEDOM BOULEVARD WEST BRANDYWINE, PA 19320		CURRENT LICENSE NUMBER 118750	
INSPECTION DATES (Include all dates of the inspection) 02/28/2012		REGIONAL REPRESENTATIVE Doug Hoover, 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) <i>Debra Catman LRS/PCHA</i> <i>DAVID J. MAURITIEWICZ, DIRECTOR ASSISTIVE SENIOR LIVING</i>			
SIGNATURE OF LEGAL ENTITY <i>Debra Catman LRS/PCHA</i>	DATE <i>03-16-2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doug Hoover</i>	DATE <i>3-23-12</i>

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
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	The main doors of the dining room, which open into the corridor and exit door, did not have an exit sign.	Immediate Faxed to DPW on 02/29/12	An exit sign was obtained and placed above the dining room door.  Copies of the Department of Labor and Industry and the Department of Health and Department of Public Welfare inspection of the facility are included to document that standard for use and occupancy were approved for emergency lighting at time of inspection.	<i>3-23-12 DC</i>

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INSPECTION DATES (Include all dates of the inspection) 02/28/2012		REGIONAL REPRESENTATIVE Doug Hoover, 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) <i>Debra Catman LNW/PCHA</i> <i>DAVID V. KLACIKIEWICZ, DIRECTOR ASSISTANT SENIOR LIVING</i>			
SIGNATURE OF LEGAL ENTITY <i>Debra Catman LNW/PCHA</i> <i>David Klacikiewicz</i>	DATE <i>03-16-2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JZ</i>	DATE <i>3-23-12</i>

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
233a Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.	<del>The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locking doors of the secured dementia care unit.</del>  <i>Violation Withdrawn -</i> <i>JZ</i>	<del>Immediate Faxed to DPW on 02/29/12</del>	<del>Written approval was produced to validate that the key-locking system has written approval from the Department of Labor and Industry and Department of Health. Copies are attached to the CAP.</del>	

VIOLATION REPORT  
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INSPECTION DATES (Include all dates of the inspection) 02/28/2012		REGIONAL REPRESENTATIVE Doug Hoover, 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) <i>Debra Clatman LPN/PCA</i> <i>DAVID V. MACCUBERTZ, Director ASSISTIVE SENIOR LIVING</i>			
SIGNATURE OF LEGAL ENTITY <i>Debra Clatman LPN/PCA</i> <i>David MacCubertz</i>	DATE <i>03/16/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>GE</i>	DATE <i>3-23-12</i>

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
233b A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs: (1) Upon a signal from an activated fire alarm system, heat or smoke detector. (2) Power failure to the home. (3) Overriding the electronic or magnetic locking	The home does not have a statement from the manufacturer of the magnetic locking doors that verifies that the locks will release when the fire alarm system is activated, the home's power fails, and when the lock releasing devices are operated.  <i>Violation withdrawn -</i> <i>GE</i>	Immediate Faxed to DPW on 02/29/12	Manufactures information stating release of locks during fire alarm or electrical outage, as well as approval of systems operation were found and forwarded to DPW. They are attached to the CAP.	

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INSPECTION DATES (Include all dates of the inspection) 02/28/2012		REGIONAL REPRESENTATIVE Doug Hoover, 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) <i>Debra Latman CEO/PCA</i> <i>DAVID J. MACLECKIEWICZ, DIRECTOR ASSISTIVE SENIOR CARE</i>			
SIGNATURE OF LEGAL ENTITY <i>Debra Latman CEO/PCA</i> <i>David Macleckiewicz</i>	DATE <i>02-16-2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SC</i>	DATE <i>3-23-12</i>

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
<del>system by use of a key pad or other lock-releasing device.</del>	<del>/</del>	<del>/</del>	<del>/</del>	<del>/</del>