

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to 227 EVERGREEN ROAD OPERATIONS LLC

LEGAL ENTITY

To operate SANATOGA COURT

NAME OF FACILITY OR AGENCY

Located at 227 EVERGREEN ROAD, POTTSTOWN, PA 19464

(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 85
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 14

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 April 2, 2012 until April 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 136140

Robert E. Robinson

ISSUING OFFICER

[Signature]

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 18 2012

Ms. Karen Kokstein, Executive Director
227 Evergreen Road Operations LLC
Sanatoga Court
227 Evergreen Road
Pottstown, Pennsylvania 19464

Dear Ms. Kokstein:

As a result of the Department of Public Welfare's licensing inspection on February 28, 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: 13614 - 02/28/2012 - Cody, Neil

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 does not include the initials of the staff person who administered LeveMin 100unit / 1mL on February 2, 2012.

The medication administration record for Resident #1 does not include the initials of the staff person who administered Carvedilol 6.25 at 8 a.m. on February 25, 2012.

The medication administration record for Resident #2 does not include the initials of the staff person who administered Donepezil / HCR at 8 a.m. on February 19, 2012.

3. PLAN OF CORRECTION (POC)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Attach pages as necessary. Sign and date any attached pages.

Please see enclosed Medication Administration training in-service and sign in sheet. Staff have been in-serviced on March 14th. RCD/designated person/ and staff will be reviewing the MAR's to maintain compliance with reg.2600.187. This will be done intermittently to cover all shifts. Any discrepancies will be reviewed with the employee and appropriately addressed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Karen Kokstein

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Karen Kokstein Date 3/23/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/2/12
(Date)

Signature of Legal Entity Representative 3/23/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by NSC
(Initials)