

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE HICKMAN FRIENDS SENIOR COMMUNITY OF WEST CHESTER

LEGAL ENTITY

To operate THE HICKMAN

NAME OF FACILITY OR AGENCY

Located at 400 N. WALNUT STREET, WEST CHESTER, PA 19380

(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: _____

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 February 28, 2012 until February 28, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140930

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

APR 17 2012

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

Mr. John Schwab, President
The Hickman Friends Senior Community of West Chester
The Hickman
400 North Walnut Street
West Chester, Pennsylvania 19380

Dear Mr. Schwab:

As a result of the Department of Public Welfare's licensing inspection on February 28, 2012 and March 5, 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.


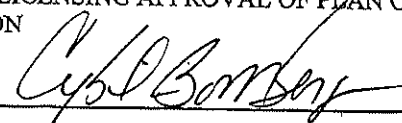
Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

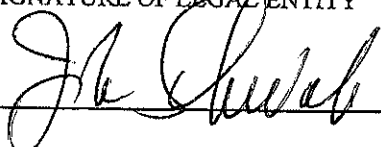
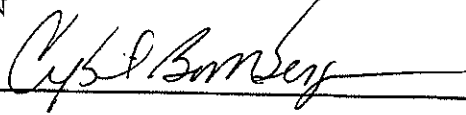
Enclosures
License
Violation Report


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

NAME AND ADDRESS OF PERSONAL CARE HOME THE HICKMAN, 400 N WALNUT STREET WEST CHESTER, PA 19380		CURRENT LICENSE NUMBER 140930	
INSPECTION DATES (Include all dates of the inspection) 02/28/2012		REGIONAL REPRESENTATIVE Ron Minnich, Denny Granahan	
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 3/20/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/20/12



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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<ul style="list-style-type: none"> Black Mildew was present along the caulking on the shower floor across from room #222. The bathroom floor across from room #212 was dirty with dust, debris and a small amount of handsoap on the floor. <p style="text-align: center; margin-top: 20px;">PCH Division Central Region Field Office</p> <p style="text-align: center; margin-top: 10px;">MAR 23 2012</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold; margin-top: 10px;">RECEIVED</p>	<p>3/5/2012</p> <p>3/6/2012</p> <p>3/12/2012</p> <p>3/20/2012</p>	<p>When problem was discovered, cleaning was immediately done in both areas.</p> <p>Housekeeping director retrained staff on how to effectively clean these areas on a regular schedule. (attachment 1A)</p> <p>Housekeeping assignments were revised to include a more detail cleaning of these areas. (attachment 1B)</p> <p>The Director will check these areas on a weekly basis to insure quality cleaning is being done in these areas. (attachment 1C)</p>	<p style="text-align: center; font-weight: bold; font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right; font-size: 0.8em;">Date <u>3/20/12</u> Initials (DPW) <u>DPW</u></p>


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SIGNATURE OF LEGAL ENTITY 	DATE 3/20/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/30/12

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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	A walker was in front of and blocking the emergency exit next to room #C-5	3/5/2012	Resident was assisted in selecting a location in his room near the door so he can easily access his walker when he leaves from his room	Steps have been taken to correct violation; full compliance is not verifiable 3/30/12  Date Initials (DPW)
		3/15/2012	Resident received further explanation of why his walker cannot be left in front of an exit door (attachment 2A)	
		3/6/2012	Issue was referred to the "Safety Committee" for discussion regarding conducting their safety rounds. Next meeting: 3/21/2012 (attachment 2B)	
		3/16/2012	Security staff rounds list was revised to be more specific and about removing and reporting of any obstructions. (attachment 2C)	

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p><input checked="" type="checkbox"/> Resident #1 refused to participate in fire drills on 7/29/11 and 8/29/11 and was not evacuated from the facility during the monthly drills.</p> <p>Repeated Violations: 12/20/2010</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No	3/8/2012	<p>Drills are/will continue to be conducted monthly with all residents participating.</p> <p>Regarding ⁷6/29/11 Drill Conducted in the Sharpless-Hall Building: The resident referred to in the violation does NOT live in this building; the failure of this drill was due to some disorganization on the part of staff and not the residents. Staff were retrained and a subsequent drill was successful in that building for that month.</p> <p>We were advised at our last survey to repeat fire drills if we have a failure during a particular month. We followed that advice by correcting the problem with re-training and conducted a second drill. Both of that month's drill reports were in the log, indicating that we WERE in compliance for that month (attachment 3A).</p> <p align="center">↓ (continued on attached sheet) ↓</p>	3/30/12 
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Confid ↓

POC Accepted: Cyber Bombing 3/31/12 Page 3-A

REGULATION

55 Pa. Code §2600

Plan of Correction Continued from page 3

We are appealing this violation as we have demonstrated a successful drill for that month, and based on the guidance received last survey, ⁽¹²⁾

Regarding 8/29/11 Conducted in the Hickman Building

All residents were in the fire safe areas at 4.5 minutes, well under the allotted time of 7.45min. for that building. Three separate staff members attempted to reason with the resident, but [REDACTED] refused. This resident had displayed disruptive behaviors prior to this drill, and there is documentation to support this.

By the date of this drill, other residents were extremely frustrated with [REDACTED] disruptions and lack of cooperation in the community. The resident indicated that day to staff that [REDACTED] would not participate in any drill that day or in the future. We felt that to continue to repeat and repeat an otherwise successful drill would not be productive for this resident because of [REDACTED] adamant refusal and difficulty processing the expectation, and would cause further distress to the other residents. We did, however, put in place a plan that was shared with staff as how to manage this resident in future drills to insure [REDACTED] safety as well as that of other residents. This resident received a 30 day notice of discharge that same day regarding [REDACTED] overall disruption in the community.

At the time of the survey, the report and plan was shared with the team, but not the supportive documentation on the resident. We are appealing this violation based on all the facts of this particular situation, and will make the resident's file available to you for consideration. A decision was made in the best interest of all residents under unusual circumstances and did NOT put any residents or staff at any risk.