

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HATFIELD MENNONITE HOMES, INC.

LEGAL ENTITY

To operate OAKWOOD COURT

NAME OF FACILITY OR AGENCY

Located at 275 DOCK DRIVE, LANSDALE, PA 19446

(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 80
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 26

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 May 18, 2012 until May 18, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **127960**

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 19 2012

Mr. Edward Brubaker, President/CEO
Hatfield Mennonite Homes, Inc.
Oakwood Court
275 Dock Drive
Lansdale, Pennsylvania 19446

Dear Mr. Brubaker:

As a result of the Department of Public Welfare's licensing inspection on March 2, 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 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME OAKWOOD COURT, 275 DOCK DRIVE LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127960	
INSPECTION DATES (Include all dates of the inspection) 03/02/2012 & 3/5/12		REGIONAL REPRESENTATIVE Christine McHale, Amy Scharpf	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Erin N. Toth, PCA - Director of Personal Care Services			
SIGNATURE OF LEGAL ENTITY Erin N. Toth, PCA	DATE 3/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cheryl Miller	DATE 4/4/12

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
65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	The home's record of direct care staff training does not include length of course for Back Care and Safe Lifting, HIPAA/Compliance, Issues/Updates on Dementia, Fall Reduction, Fire Safety & Airway Obstruction, Residents Rights/Abuse Prevention, Right to Know, and Standard Precautions for training year 2011.	4/15/2012	The length of the course for each training has been kept on file in the Policy & Procedures manual (see attached). The length of training has been added to the sign-in sheets so that it is now with the record of training for each in-service (see attached). The next in-services are being held on 4/15/12.	4/4/12 CRM

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

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INSPECTION DATES (Include all dates of the inspection): 03/02/2012		REGIONAL REPRESENTATIVE Christine McHale, Amy Scharpf	
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>Eric N. Tote, PCHA</i>	DATE <i>3/23/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE <i>4/4/12</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
§2c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A can of disinfectant deodorant spray, with a manufacturer's label indicating "If swallowed: Call a Poison Control Center or doctor immediately for treatment advice", and a tube of Dynashield with a manufacturer's label indicating: "If swallowed get medical help or contact a Poison Control Center right away," were unlocked and accessible to residents in the shower room in the "Homestead" section of the secured dementia care unit. Residents of the home, including all of the residents housed in the secured dementia care unit, have not been assessed capable of recognizing and using poisons safely.	<i>3/5/2012</i>	<i>The lock on this cabinet was not working properly. The lock was fixed on 3/5/12. At the staff meeting on 3/7/12, staff were instructed to immediately report problems with locks to maintenance & remove any potential poisons until lock is fixed (see attached sign-in sheet titled "Providing End of Life Quality Care" [that was the main focus of the staff meeting]).</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3/7/12</i> Date <i>MCW</i> Initials (DPW)

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>Eun M. Jett, PCHA</i>	DATE <i>3/23/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE <i>4/4/12</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
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	There was a 1/4 inch layer of lint on the floor and wall and covering the wall plug behind that dryer located in the great room on the first floor of the home. The dryer duct was not secured to the wall to allow the lint and air to exit from the dryer properly.	<i>3/6/12</i>	<i>The dryer duct was properly reconnected to the wall & the area surrounding the dryer was properly cleaned. The area behind the dryers in Personal Care will be checked & documented weekly by Housekeeping staff to ensure proper connection & cleanliness.</i>	<i>4/4/12 CROM</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Eun N. Lott, PCH</i>	DATE 3/26/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Miller</i>	DATE 4/4/12

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
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There is no exit sign over the exit door located in the home's secured dementia care unit that goes to a courtyard that leads to a parking lot exit door. The home currently serves 74 residents.	5/23/12	Exit signs will be ordered & installed by this door & exterior lighting will be added to ensure safe evacuation. This will be done within 2 months by our Environmental Services Department & Contractor.	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;"> Steps have been taken to correct violation; full compliance is not verifiable </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Date Initials (DPW) </div> <div style="text-align: center;"> 2/24/12 <i>[Signature]</i> </div>

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SIGNATURE OF LEGAL ENTITY <i>Eric J. Tate, PCHA</i>	DATE 3/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE 4/4/12

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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	On 1/2/12, AZO Cranberry tab 450 mg for Resident #1 was discontinued, the medication was not destroyed and was still with the resident's other medications on the home's medication cart.	3/5/2012	Cranberry pills were destroyed immediately. Going forward, a task was added to night shift task list to check the med. carts for discontinued medications monthly. All night shift staff were sent memos with this information on 3/21/12 (see attached).	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Data Initials (DPW)</p> </div>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Eric N. Tolle, PETA</i>	DATE <i>4/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE <i>4/4/12</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
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME OAKWOOD COURT, 275 DOCK DRIVE LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127960	
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SIGNATURE OF LEGAL ENTITY <i>Evin J. Jett, RHA</i>	DATE 3/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Miller</i>	DATE 4/4/12

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	<ul style="list-style-type: none"> - Resident #2 has an order for Lidoderm 5% patch as needed. This medication was not available in the home. - Resident #3 has an order for Milk of Magnesia as needed. This medication was not available in the home. 	3/5/2012	<p>The Lidoderm patch for resident #2 was ordered PRN & was discontinued on 3/5/12 because the resident was not using it.</p> <p>Milk of Mag. was ordered for resident #3 & received 3/5/12. Going forward, a task was added to the night shift task list to check monthly that all meds. ordered are in stock. All night shift staff were sent memos with this information on 3/21/12 (see attached).</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date: 4/4/12 Initials (DPW)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Erin J. Tolle, RCHA</i>	DATE 3/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 4/4/12

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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 medication administration record for resident #1 does not include a diagnosis or purpose for Keflex 500 mg and Genteal Eyelube gel that is to be used as needed.	3/5/2012	The diagnoses were missed at the monthly change over of the MARS. The diagnoses were added on 3/5/12 (see attached MARS). The staff person responsible for changing the MARS was counseled on the importance of each med. having a corresponding diagnosis.	4/4/12 OEM

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SIGNATURE OF LEGAL ENTITY <i>Eun N. Toth, PHA</i>	DATE 4/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 4/4/12

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
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.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME OAKWOOD COURT, 275 DOCK DRIVE LANSDALE, PA 19445		CURRENT LICENSE NUMBER 127960	
INSPECTION DATES (include all dates of the inspection) 03/02/2012		REGIONAL REPRESENTATIVE Christine McHale, Amy Scharpf	
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SIGNATURE OF LEGAL ENTITY <i>Erin M. Felt, PEHA</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherison Miller</i>	DATE 4/4/12

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
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	On 3/3/12 at 8:00 pm, resident #4 refused to take a scheduled dose of Mirtazipine 15 mg. The home did not report the refusal to the resident's doctor as required.	3/5/2012	Resident's physician was notified of refusal on 3/5/12 (see attached). The nurse that missed this is a pool nurse & works very infrequently. She was counseled on the need to report all medication refusals to the physician unless otherwise instructed in writing by the physician. Nurses regularly check the MAR for refusals & medication errors.	4/4/12 COM

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

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SIGNATURE OF LEGAL ENTITY <i>Evin M. Hill, PCHA</i>	DATE <i>3/23/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE <i>4/4/12</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
187d The home shall follow the directions of the prescriber.	Resident #1 was prescribed Aspirin chewable 81 mg on 2/1/12. From 2/1/12 until 2/19/12 the resident received safety coated Aspirin 81 mg.	<i>3/21/12</i>	<p>This actually occurred with resident #2, not #1.</p> <p>The physician did not order chewable aspirin & the resident has been taking enteric coated aspirin without any problems. The pharmacy was faxed a request to remove "chew" from POS & MAR on 3/21/12 (see attached).</p> <p>At team meeting on 3/7/12, staff were in-serviced on the need to confirm that the med. listed on the MAR is the same form of the med. listed on the container.</p>	<i>4/4/12 CRM</i>

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SIGNATURE OF LEGAL ENTITY <i>Erin J. Foll, PCAA</i>	DATE 3/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Miller</i>	DATE 4/4/12

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for resident #2, admitted 1/3/12, does not include a determination that the home can meet the service needs of the resident.	3/2/2012	The Care Coordinator who missed the check box corrected her mistake at the time of the discovery. (see attached) Going forward, the Care Coordinator or designee will double check the pre-admission screening for information missed in error at the initial Care Conference. Any missed information will be corrected immediately.	4/4/12 EBM

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

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #5's initial assessment dated 1/18/12 does not include the resident's pacemaker.	3/21/2012	The assessment was corrected to include the resident's pacemaker. The resident is independent with pacemaker checks (see attached). Staff are now using the RASP, which combines the assessment & support plan. This will prevent missing items that need to be addressed on one form or the other. Care Coord. or designee will check the RASP during care conference for any info. missed in error. Missed info. will be corrected immediately.	Steps have been taken to correct violation; full compliance is <i>not</i> verifiable 4/4/12 Date <i>[Signature]</i> Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Elin J. Jozel, PCHHA</i>	DATE 3/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Miller</i>	DATE 4/4/12

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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #2's assessment dated 1/13/12 states that the resident requires prompting/cueing to complete dressing, grooming, and using the telephone and physical assistance with caring for personal possessions. The resident's support plan dated 1/13/12 does not address how the home will assist the resident in meeting these needs.	3/6/2012	The resident's support plan was corrected (see attached). Staff are now using the RASP which combines the assessment & support plan. This will prevent missing items that need to be addressed on one form or the other. Going forward, the Care Coord. or designee will double check the RASP during care conf. for any info. missed in error. Any missed info. will be corrected immediately.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 4/4/12 Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Erin J. Tella, RHA</i>	DATE 3/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE 4/4/12

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
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #4 participated in the development of their support plan on 2/7/12. The resident did not sign the support plan. In addition, the home uses an addendum to the support plan called "Personal Care Support Plan At-A-Glance." The addendum to resident #4's support plan does not list who completed the form and is not signed.	3/6/2012	The Care Coordinator corrected & signed the Support Plan & Support Plan At-a-Glance to reflect the resident's needs on 3/6/12. The resident also signed the RASP on 3/6/12 (see attached). Going forward, the Care Coordinator or designee will double check the RASP & Support Plan At-a-Glance during Care Conference for any information missed in error. Any missed information will be corrected immediately.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation, full compliance is not verifiable Date: <u>4/11/12</u> Initials (DPW): <u>CM</u> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME OAKWOOD COURT, 275 DOCK DRIVE LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127960	
INSPECTION DATES (Include all dates of the inspection) 03/02/2012		REGIONAL REPRESENTATIVE Christine McHale, Amy Scharpf	
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>Erin M. Foll, RHA</i>	DATE 3/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE 4/4/12

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
<p>231b</p> <p>A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.</p>	<p>Resident #4, admitted to the SDCU on 2/9/12 had a medical evaluation that did not document the resident's diagnosis of dementia or need for SDCU care.</p>	<p>3/10/2012</p>	<p>A request was faxed to the physician for confirmation of a diagnosis of dementia with depression, as stated on the discharge instructions from the Senior Behavioral Health Unit the resident was admitted from. We received signed confirmation via fax on 3/10/12 (see attached). Going forward, the Care Coordinator will check med. evals. at the pre-admission assessment for a dementia diagnosis if the admission is for the SDCU.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is now verifiable</p> <p style="text-align: center;"><i>[Signature]</i> Date: 4/2/12 Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Oakwood Court 275 Dock Drive, Lansdale, PA 19446		CURRENT LICENSE NUMBER 127960	
INSPECTION DATE(S) (Include all dates of the inspection) 3/2/12 & 3/5/12		REGIONAL REPRESENTATIVE Christine McHale and Amy Scharpf	
SIGNATURE OF LEGAL ENTITY <i>Evin N. Joth, RHA</i>	DATE 3/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwin Miller</i>	DATE 4/4/12

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
254b Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.	The home's policies and procedures for managing records do not include security, storage, and who is responsible for the records.	3/22/12	The existing policy & procedure was updated to reflect security, storage, & responsibility of resident records (see attached).	4/4/12 CRM