

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LEHIGH POINTE SENIOR LIVING TRS LLC

LEGAL ENTITY

To operate WOODLAND TERRACE AT THE OAKS

NAME OF FACILITY OR AGENCY

Located at 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103

(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 110

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

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 14, 2012 until April 14, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **223010**

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

APR 13 2012

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

Ms. Sharon C. Kaiser, CFO
Lehigh Pointe Senior Living TRS LLC
1920 Main Street, Suite 400
Irvine, California 92614

RE: Woodland Terrace at the Oaks
1263 South Cedar Boulevard
Allentown, Pennsylvania 18103

Dear Ms. Kaiser:

As a result of the Department of Public Welfare's licensing inspection on March 8, 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', with a long horizontal line extending to the right.

Ronald Melusky
Director

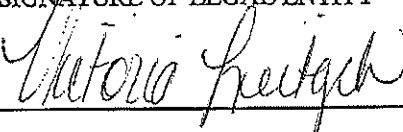
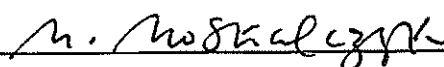
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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>Victoria Freitgeb</i>	DATE 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalez</i>	DATE 3/27/12

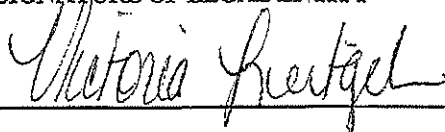
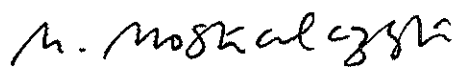
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	The Resident Contract, Assessments and support plans were not updated to reflect the new legal entity that was put in place April 2011. <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="text-align: center; font-weight: bold; margin: 5px 0;">MAR 23 2012</div> <div style="text-align: center; font-weight: bold; margin: 5px 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>	4/30/12	Letter sent to residents advising them that Woodland Terrace would be assuming the former contract until the residents anniversary date at which time they would be move to a Woodland Terrace lease. Residents have been going to the new lease on their anniversary date. The Executive Director will have leases signed for the existing residents by April 30, 2012. See attached #1	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; font-weight: bold;"> Steps have been taken to correct violation; full compliance is not verifiable Date: <i>MM/DD/YY</i> Initials: (PFW) </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/27/12

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
82c 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.	<p>Room # 121 , located in the secured dementia unit, had a large tube of Colgate toothpaste and a bottle of Head and Shoulders shampoo. All items stated were harmful if ingested, contact poison control and seek immediate medical attention if ingested.</p> <p>Room # 119, located in the secured dementia unit; had the following items that were accessible to residents: the following substances contained a warning to contact Poison Control if ingested: Save Brand" Sweet Pea & Violet "body lotion; Tone brand body wash; "Tresemme Dry Shampoo"; Vaultime baby power; Pantene shampoo; Sauve Shampoo; Listerine mouth wash; Aveeno shampoo; Aveeno conditioner; Tone Oatmeal & Shea body wash; St. Ives body lotion; Convatec skin Protective ointment ; Med Choice 2 fl oz daily moisturizer; Med choice mouth wash 4 fl. oz ;2 tubes of Aim tooth paste; Listerine mouth wash and Equate Denture cleanser.</p>	4/30/12	<p>Corrected at time of inspection. All "poisonous" items have been removed from residents rooms. Letters will be sent to residents family explaining what acceptable items may be brought into the unit. All memory care staff will be trained on regulation 82c on 3/19/2012. Locks will be installed in memory care resident bathroom by April 30, 2012. This will provide staff an area in which to store "poisonous" materials. Director of Wellness, MC Act. Director and Memory Care Coordinator will routinely check rooms for compliance.</p> <p>See attached #2, #3, and #4 ED/DOW or designee will monitor for ongoing compliance.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verified. Date _____ Initials (DPW) _____</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/27/12

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
101i A resident shall have access to his bedroom at all times.	The bedrooms located in the secured dementia unit were found to be locked and did not allow residents to have immediate access to their rooms. Not all residents were capable of utilizing a key and some residents were not able to express a desire to return to their rooms when they wished to do so.	3/19/12	<p>This community feel that the residents, even though in a memory care unit, have the right to privacy.</p> <p>All resident have a key to their room. Most resident are able to utilize the key independently. In the event they are unable to do so. Staff would immediately open the door and admit the resident to their room.</p> <p>Residents POA or responsible party will be notified on admission and asked to sign an acknowledgement that fact.</p> <p>The Director of Wellness or Memory Care Coordinator will train all staff in their responsibilities. Training will occur on 3/19/2012.</p> <p>See attached #5 ED/DOW or designee will monitor for compliance</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date _____ Initials (DPW) _____</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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>Victoria Ruetger</i>	DATE 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 3/27/12

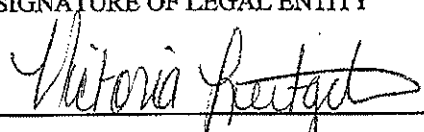
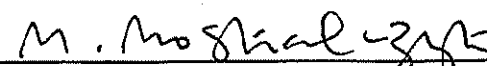
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
103i Outdated or spoiled food or dented cans may not be used.	The following items located in the home's walk in freezer was opened and not dated: 1. 1 large box of Cattlemen's burgers. 2. 1 bag of 4 mini pizza 3. 1 large bag of fish cakes 4. 1 large box of Rosell Manicotti 5. 6 hash brown patties wrapped in tin foil and exposed	3/16/12	Corrected at time of inspection. All items were removed and repackaged correctly with date. Hash browns were discarded. Dining service coordinator was counseled and all staff in-serviced on proper storage and dating. Dining service coordinator will do weekly audits to check for compliance. Executive Director will do a monthly audit of all kitchen practices to validate compliance. See attached #6	Steps have been taken to correct violation; full compliance is not verified. Date: <i>3/27/12</i> Initials (DPW): <i>MM</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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>Victoria Reitzel</i>	DATE 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 3/27/12

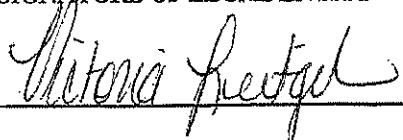
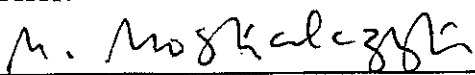
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident # 1 Lantus 100 U/ML vial had a date of 12/23/11 the date this medication was filled by the pharmacy but no date as to when the vial was opened. The medication bottle had directions to do not use if opened over 30 days.	3/21/12	<p>Corrected at time of inspection. Lantus was discarded.</p> <p>Director of Wellness will hold Medication care managers training on 3/21/2012 to review medication procedures. Director of Wellness or designee will do weekly cart audits to make sure all procedures are being followed. Director of Wellness or designee will conduct monthly medication care meetings/in-services to review procedures.</p> <p>ED/DOW or designee will monitor for ongoing compliance</p>	<p>Steps have been taken to correct violation full compliance is not verifiable</p> <p>Date <i>[Signature]</i> Initials (DPW) <i>[Signature]</i></p>

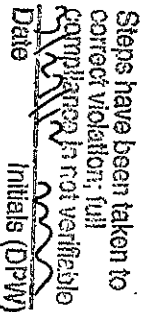
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/27/12

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	Resident #2 had a bottle of "Spring Valley" brand Fish oil 100mg to be given at 9:00 am & 5:00 pm that was not labeled.	3/21/12	Corrected at time of inspection. Fish oil was labeled with resident #2 name. Director of Wellness will hold Medication care managers training on 3/21/2012 to review medication procedures. Director of Wellness or designee will do weekly cart audits to make sure all procedures are being followed. Director of Wellness or designee will conduct monthly medication care meetings/in-services to review procedures. ED/DOW or designee will monitor for ongoing compliance.	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <u>3/27/12</u> Initials: <u>AWM</u></p> </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/27/12

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
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	1. Resident # 3 has an order for Zyprexa 10 mg tab., to be taken by mouth at 9:00 am. It did not have a diagnosis or purpose stated with the medication. 2. 3. Resident #4 has an order for Calcium 500mg vitamin tablet & a daily chewable multivitamin. The March MAR did not have a diagnosis or purpose for these items. Repeated Violations: 03/29/2011	3/21/12	Corrected at time of inspection. All diagnosis's or purposes will be added with new order transcription or on month end change over. Diagnosis and purpose will be highlighted in yellow. This will make it more visible. Director of Wellness will hold Medication care managers training on 3/21/2012 to review medication procedures. Director of Wellness or designee will do weekly MAR audits to make sure all procedures are being followed. Director of Wellness or designee will conduct monthly medication care meetings/in-services to review procedures. ED/DOW or designee will monitor for compliance	 Steps have been taken to correct violation; full compliance is not verifiable Date Initials (D/W)

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mogleczyc</i>	DATE 3/27/12

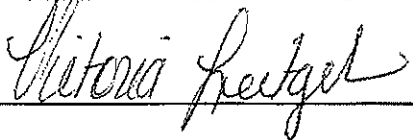
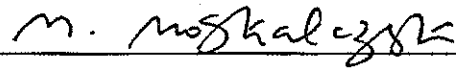
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			- previous page	


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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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>Melania Reitzel</i>	DATE 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 3/27/12

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
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.	The Resident Assessments were not updated to reflect the new legal entity that was put in place April 2011.	4/30/12	All resident's will have a had a new assessment by April 30, 2012. No changes in residents needs were noted due to the transition of a new company. All resident assessments are conducted annually and with significant change. Executive Director, Director of Wellness or designee will continue to meet the requirements of 225a and monitor for ongoing compliance.	Steps have been taken to correct violation; full compliance is not verified. Date <i>MW</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/27/12

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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	The Resident support plans were not updated to reflect the new legal entity that was put in place April 2011.	4/30/12	All resident's will have a had a new Support plans by April 30, 2012. No changes in residents needs were noted due to the transition of a new company. All resident support plans are conducted annually and with significant change. Executive Director, Director of Wellness or designee will continue to meet the requirements of 225a and monitor for ongoing compliance.	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date:  Initials (DPW) </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOODLAND TERRACE AT THE OAKS, 1263 S CEDAR CREST BOULEVARD ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/08/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Jason Harvey	
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>Victoria Kestel</i>	DATE 3/16/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 3/27/12

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
227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	Residents #s 5 and 6 did not sign or indicate a refusal to sign their Support Plans.	3/16/12	Proper notation of a residents unwillingness or inability to sign SP's will be made at the time of review. Executive Director; Director of Wellness or designee will audit support plans upon completion for compliance. Executive Director will review 227h with appropriate staff on 3/16/2012.	Steps have been taken to correct violation; full compliance is not verifiable <i>Moskalczyk</i> Date Initials (D/F/W)

RECEIVED

MAR 23 2012

**SCRANTON FIELD OFFICE
Adult Residential Licensing**