

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERAN SOCIAL SERVICES OF SOUTH CENTRAL PENNSYLVANIA

To operate THE VILLAGE AT KELLY DRIVE

Located at 750 KELLY DRIVE, YORK, PA 17404

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

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.

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

and shall remain in effect from June 16, 2012 until June 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 350640

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

JUN 25 2012

Ms. Pamela A. Conrad, Executive Director
Lutheran Social Services of South Central Pennsylvania
1050 Pennsylvania Avenue
York, Pennsylvania 17404

RE: The Village at Kelly Drive
750 Kelly Drive
York, Pennsylvania 17404

Dear Ms. Conrad:

As a result of the Department of Public Welfare's licensing inspection on May 14, 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.

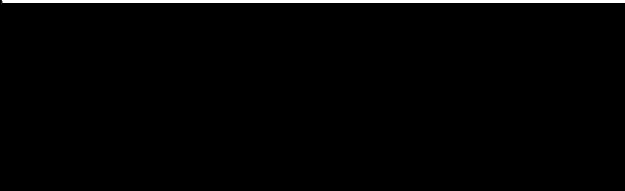
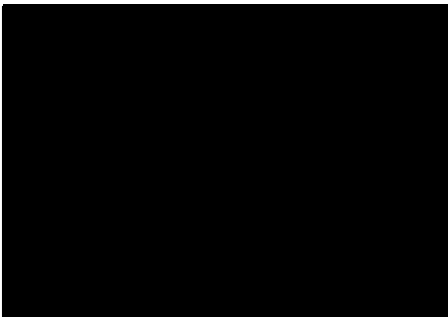
Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PGH Name: THE VILLAGE AT KELLY DRIVE	License Number: 350640
Address: 750 KELLY DRIVE, YORK, PA 17404	County: York
Administrator: Pam Conrad	Region: CENTRAL
Legal Entity Name: LUTHERAN SOCIAL SERVICES OF SOUTH CENTRAL PENNSYLVANIA	
Legal Entity Address: 1050 PENNSYLVANIA AVENUE, YORK, PA 17404	
Certificate(s) of Occupancy C-2 LP 10/23/1995 L&I	
Staffing Hours Resident Support: NM Total Daily Staff: 67 Waking Staff: 50	
Type of Inspection: Full BHA Docket Number: Notice: Unannounced	
Reason(s) for Inspection(s) Renewal	
On-Site Inspections Dates and Department Representatives On-Site 05/14/2012: Erb, Jaime; Loudenslager, Lynn	
Off-Site Inspection Dates and Inspectors, if Applicable	
Other Details Partial or Full Triggers: Random Indicators:	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 85 Number of Residents Served: 67 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: 	Number of Residents who: 

Violation Report: 35064 - 05/14/2012 - Erb, Jaime
PCH Name: THE VILLAGE AT KELLY DRIVE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Persons A, B and C did not receive training in accident prevention during the 2011 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

All staff persons, including Staff persons A, B, and C, received training in Fall Prevention in May 2012. All staff are scheduled to receive training in Accident Prevention in November 2012. Each Department Manager will ensure that every staff member within their department has completed all necessary training. Monthly training record audits are conducted by HR Assistant. A copy of the 2012 Staff Training Plan is attached.

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

Pam Conrad

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Pam Conrad, Executive Director

Date *12 June 2012*

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

The above plan of correction is approved as of *6/19/12*
(Date)

Plan of correction implementation status as of *6/15/12*
(Date)

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

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

Violation Report: 35064 - 05/14/2012 - Erb, Jaime
 PCH Name: THE VILLAGE AT KELLY DRIVE

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drills conducted during May 2011 through April 2012 only lists the number of residents that evacuated the effected area and does not include the total number of residents evacuated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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.

Executive Director reviewed the requirements of DPW Regulation 2600.132 (c) with the Buildings & Grounds Manager and Supervisor on May 14, 2012. Effective immediately, and ongoing, all fire drill records will include the total number of residents evacuated, rather than only the number of residents evacuating the effected area. The Buildings & Grounds Manager will review the fire drill log monthly to ensure proper documentation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Pam Conrad, Executive Director</u>	Date <u>12 June 2012</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/15/12</u> (Date)	Plan of correction implementation status as of <u>6/15/12</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 35064 - 05/14/2012 - Erb, Jaime
 PCH Name: THE VILLAGE AT KELLY DRIVE

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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 does not include the medication Senna to be administered as needed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

Medication (Senna) was returned to the pharmacy on May 14, 2012.
 Medication cart audits will be conducted, by nursing staff, at least monthly, to ensure compliance with all components of DPW Regulation 2600.187 (a). Health Services Manager will review audits.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Pam Conrad*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Pam Conrad, Executive Director* Date *12 June 2012*

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

The above plan of correction is approved as of <u>6/15/12</u> (Date)	Plan of correction implementation status as of <u>6/15/12</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented