

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GLENCREST MANOR, INC.

LEGAL ENTITY

To operate GLENCREST MANOR

NAME OF FACILITY OR AGENCY

Located at 115 GLENCREST ROAD, COATESVILLE, PA 19320

(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 8
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 July 22, 2012 until July 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 197800

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

JUL 12 2012

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

Ms. Barbara Martinez, Administrator
Glencrest Manor, Inc.
P.O. Box 1204
Coatesville, Pennsylvania 19320

RE: Glencrest Manor
115 Glencrest Road
Coatesville, Pennsylvania 19320

Dear Ms. Martinez:

As a result of the Department of Public Welfare's licensing inspection on May 16, 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 19780 - 05/16/2012 - Minnich, Ron

PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On May 16, 2012, at 10:30a.m., an Inspector requested access to the home's staffing record, However Staff person A did not have access to the records at any point during the inspection.

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.

Administrator will educate and familiarize staff with the records in the office. Will label designated area in the office for immediate access so staff will not have a problem finding any records when requested. Will keep all staff records together in office labeled for easy access.

will educate staff during monthly meetings to go over the handling of records, new and old forms and storage so there will not be a problem in the future. Will also review for Quality management review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Barbara Martinez, Administrator

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Barbara Martinez, Administrator

Date 6/27/12

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

The above plan of correction is approved as of

6/27/12 (Date)

Plan of correction implementation status as of

6/27/12 (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: 19780 - 05/16/2012 - Minnich, Ron
 PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

During the month of May 2012, Administrator B worked every evening and weekend shift alone in the the home with residents present. Administrator B's CPR expired on May 5, 2011.

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.

~~Administrator B's CPR was renewed on 4-13-12, which is in the time frame for renewal, Administrator B lives in the home and is here in the evenings and weekends. Administrator B had her CPR card in her purse on day of inspection, where she was out for the day. Copy of the card is attached. Will make copies so CPR Card will be available during inspection.~~

VIOLATION
 WITHDRAWN
 6/21/12
 NSC

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Martinez, Administrator* Date *6-20-12*

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

The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 19780 - 05/16/2012 - Minnich, Ron
PCH Name: GLENCREST MANOR

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1's most recent picture in their record was dated 7/28/08.

Resident #2's most recent picture in their record was dated 11/19/09.

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.

Will update pictures and place in file. will make sure pictures are not older than 2 yrs.

To make sure this will not happen again Administrator will start taking pictures on resident's birth date (every two yrs) since the home celebrate all the residents birthdays every year.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Barbara Martinez, Administrator Date 6/22/12

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

The above plan of correction is approved as of 6/27/12
(Date)

Plan of correction implementation status as of 6/27/12
(Date)

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

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