

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to OAKWOOD RESIDENCE, LLC

LEGAL ENTITY

To operate OAKWOOD RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 2109 RED LION ROAD, PHILADELPHIA, PA 19115

(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 89  
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 June 10, 2012 until June 10, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132560

*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

JUN 25 2012

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

Mr. Colev J. Gestetner, Managing Member  
Oakwood Residence, LLC  
Oakwood Residence  
2109 Red Lion Road  
Philadelphia, Pennsylvania 19115

Dear Mr. Gestetner:

As a result of the Department of Public Welfare's licensing inspection on June 1, 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.

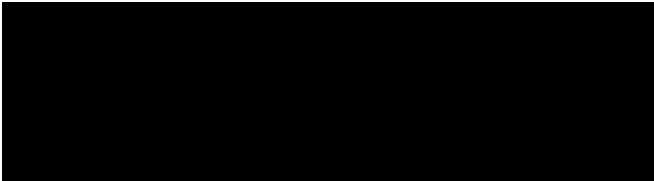
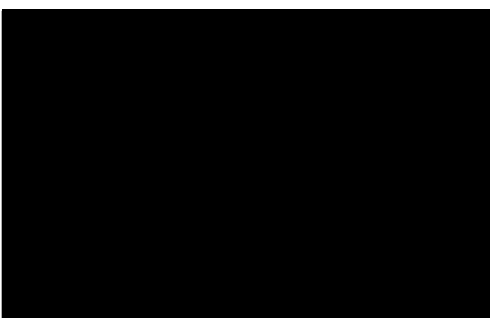
Sincerely,

A handwritten signature in black ink, appearing to be 'R Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: OAKWOOD RESIDENCE		License Number: 132560
Address: 2109 RED LION ROAD, PHILADELPHIA, PA 19115		County: Philadelphia
Administrator: Nochum Feder, NHA		Region: SOUTHEAST
Legal Entity Name: OAKWOOD RESIDENCE LLC		
Legal Entity Address: 2109 RED LION ROAD, PHILADELPHIA, PA 19115		
<b>Certificate(s) of Occupancy</b>		
I-2 05/15/2003 City of Philadelphia L&I	Other 07/30/1986 Philadelphia L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 65	Waking Staff: 49
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/01/2012: Kurtz, Andrea; Brewer, Roslyn		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 89 Number of Residents Served: 55 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: 	Number of Residents who: 	

Violation Report: 1326 - 06/01/2012 - Kurtz, Andrea  
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600  
 2800.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (36 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 4-6-12. A Pennsylvania criminal background check was not completed.

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.

An FBI background check was completed on 4/5/12 for staff person A. A Pennsylvania criminal background check was completed on 6/1/12 (see attached).

All new employees will have a PA criminal background check completed upon hire. The administrator will conduct monthly audits to ensure PA criminal checks are done on all new employees in a timely manner.

Date to be completed: 6/1/12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *NOELUM FEDER* Date *6/1/12*

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

The above plan of correction is approved as of <i>6/15/12</i> (Date)	Plan of correction implementation status as of <i>6/15/12</i> (Date)
The above plan of correction was approved by <i>CFM</i> (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

Violation Report: 1325 - 06/01/2012 - Kurtz, Andrea  
 PGH Name: OAKWOOD RESIDENCE

**1. REGULATION 85 Pa.Code §2600**  
 2600.225(a) - 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.

**2a. DESCRIPTION OF VIOLATION**  
 The initial assessment for Resident #1, admitted on 10-7-11, was completed on 12-1-11.

**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.*

A monthly tickler for assessments was implemented. Nursing staff involved in writing assessments were inserviced on the importance of completing assessments in a timely manner.

DON will monitor monthly to ensure assessments are done timely.

Date to be completed: 6/13/12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nochum Feder</i>	Date <i>6/14/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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The above plan of correction was approved by <i>CFM</i> (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

Violation Report: 1326 - 06/01/2012 - Kurtz, Andrea  
 PCH Name: OAKWOOD RESIDENCE

**1. REGULATION 65 Pa.Code §2600**  
 2600.225(o) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**  
 The most recent assessment for Resident #2, admitted on 1-1-11, was completed on 1-4-12. The resident had falls on 2-25-12, 3-29-12 and 5-11-12. The assessment was not updated to reflect the resident's change in condition.

**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.*

Resident# 2 had an assessment update completed on 6/1/12 (see attached).

All pertinent staff have been inserviced on updating assessments when warranted by a change in condition.

Director of Nursing will review on a monthly basis frequency of falls and any other changes of conditions to ensure assessments are updated as required.

Date to be completed: 6/13/12.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Noelun Feder</i>	Date <i>6/14/12</i>
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The above plan of correction was approved by <u><i>OPM</i></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

Violation Report: 1326 - 06/01/2012 - Kurtz, Andrea  
 PCH Name: OAKWOOD RESIDENCE

**1. REGULATION 55 Pa.Code §2800**  
 2600.227(d) - 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.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3's Support Plan was completed on 7-18-11. The Support Plan was not updated to indicate that the resident began physical and occupational therapy on 9-8-11 and that the resident was discharged from physical therapy on 10-21-11.

**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.

Resident# 3 had a support plan update completed on 6/1/12 (see attached).

All pertinent staff have been inserviced on updating medical and other care services in the support plans when necessary.

The Director of Nursing will review on a monthly schedule residents who begin and/or are discharged from therapy and all other care services to ensure care plans are updated as required.

Date to be completed: 6/13/12.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nochum Feder</i>	Date <i>6/14/12</i>
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The above plan of correction was approved by <i>CPM</i> (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