

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SMITH HEALTH CARE LTD
LEGAL ENTITY

To operate SMITH HEALTH CARE LTD
NAME OF FACILITY OR AGENCY

Located at 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707
(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 93
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 October 1, 2012 until October 1, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 229230

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.



SEP 06 2012

Ms. Donna Strittmatter, President
Smith Health Care, LTD
453 South Main Road
Mountain Top, Pennsylvania 18707

Dear Ms. Strittmatter:

As a result of the Department of Public Welfare's licensing inspection on July 24, 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 Human Services 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", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 22923 - 07/24/2012 - Hummel, Jesse
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2800

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 7/24/12, at 9:30am Department Representatives observed the exit door located on the first floor of the North East wing was locked. The locked door would not have allowed for an immediate exit in the event of an emergency evacuation.

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.

on day of inspection 7/24/12, the North East first floor door was on a 5 second delay mode. The battery was removed from the panel + disconnected immediately. The door was wired into the fire system and in the event of an emergency would have been disengaged.

This deficiency was corrected immediately on 7/24 + was disabled permanently. Immediate access will be maintained at all times. Maintenance Dept. will be in-serviced on Regulation 55. A random check of all fire doors will be done weekly by maintenance dept. to ensure compliance to this regulation. This will be submitted to QA quarterly. * The administrator will monitor for ongoing compliance.

Repeat Violation No: _____ Date(s) of Previous Violation(s): _____ 8/28/12

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

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

Date 8/3/12

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

The above plan of correction is approved as of 8/28/12 (Date)

Plan of correction implementation status as of 8/28/12 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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