

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SENIOR LIVING NP LLC
LEGAL ENTITY

To operate PLUSH MILLS
NAME OF FACILITY OR AGENCY

Located at SECOND AND FOURTH FLOORS, 501 PLUSH MILL ROAD, WALLINGFORD, PA 19086
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 79
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 December 9, 2012 until December 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 131040

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 12 2012

Ms. Kelly Cook Andress, President
Senior Living NP, LLC
Plush Mills
Second and Fourth Floors
501 Plush Mill Road
Wallingford, Pennsylvania 19086

Dear Ms. Andress:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 4, 2012 and September 5, 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.


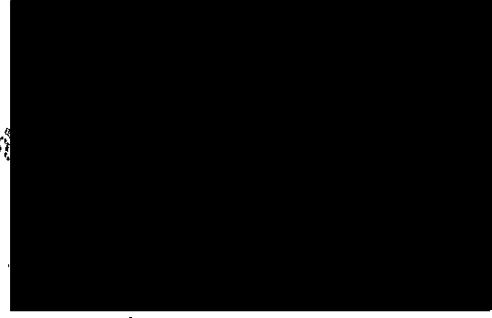
Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: PLUSH MILLS		License Number: 131040
Address: 501 PLUSH MILL ROAD, WALLINGFORD, PA 19086		County: Delaware
Administrator: Megan Longley		Region: SOUTHEAST
Legal Entity Name: SENIOR LIVING NP LLC		
Legal Entity Address: 501 PLUSH MILL ROAD, WALLINGFORD, PA 19086		
Certificate(s) of Occupancy Other 11/15/2007 Nether Providence Township		
Staffing Hours Resident Support: Total Daily Staff: 62 Waking Staff: 47		
Type of Inspection: Ind - Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 09/04/2012: McHale, Christine 09/05/2012: McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 252, 225a Random Indicators: 20a, 181d, 66b, 93b, 25d(b2)		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 79 Number of Residents Served: 39 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 13104 - 09/04/2012 - McHale, Christine
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

- On 6/23/12, resident #1 died in the home. The home did not submit an incident report to the Department until 7/6/12.
- On 8/19/12, resident #1 died in the home. The home did not submit an incident report to the Department until 8/22/12.

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. *(see attachment)*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Megan Langley*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Megan Langley* Date *9.18.12*

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

The above plan of correction is approved as of <u>9/27/12</u> (Date)	Plan of correction implementation status as of <u>9/27/12</u> (Date)
The above plan of correction was approved by <u><i>ML</i></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

**Pennsylvania Department of Public Welfare
Violation Report 13104 – 9.4.12
PCH Name: Plush Mills**

1. Regulation 55 Pa. Code 2600

2600.16(c) – The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law)

2a. Description of Violation:

- on 6/23/12, resident #1 died in the home. The home did not submit an incident report to the Department until 7/6/12
- on 8/19/12, resident #1 died in the home. The home did not submit an incident report to the Department until 8/22/12.

3. Plan of Correction:

Specific Change

What:

The Charge nurse on duty is responsible for notifying the Director of Nursing and or designee immediately regarding a reportable incident and subsequently will notify the PCH regional office of the report within 24 hours. Policy and Procedure 2600.16© has been rewritten on 09/14/2012 to include that the charge nurse on duty is responsible for the initial reportable incident being sent to the regional office as required by the regulation within 24 hours. The Reportable Incidents will be monitored monthly for timeliness at the interdisciplinary resident care meeting by the Director of Nursing Services and or designee and interdisciplinary Team.

Who:

Nursing Director

When:

9/14/2012

Training:

On 09/18/2012 the Professional Nursing Team has been trained by the Director of Nursing on the following:

- a) Charge nurse responsible for reporting the reportable incidents and conditions within 24 hours to PCH regional office. Completion of the reportable incident form
- b) Importance of contacting the PCH regional office within 24 hours for all reportable incidents. (Supporting documentation attached.)
- c) Policy and Procedure 2600.16©

Attachments:

Policy 2600.16(c)
Training log

Violation Report: 13104 - 09/04/2012 - McHale, Christine
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9/5/12, at approximately 9:30 am, two daily assignment sheets and two care shift reports containing residents' needs and diagnoses were unlocked and accessible a cabinet drawer in the laundry room on the second floor.

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. (see attachment)

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Megan Langley</i>
--	----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Megan Langley	9.18.12

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

The above plan of correction is approved as of <u>9/27/12</u> (Date)	Plan of correction implementation status as of <u>9/27/12</u> (Date)
The above plan of correction was approved by <u><i>SL</i></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

**Pennsylvania Department of Public Welfare
Violation Report 13104 – 9.4.12
PCH Name: Plush Mills**

1. Regulation 55 Pa. Code 2600:
2600.17 – Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

- 2a. Description of Violation:
On 9/5/12, at approximately 9:30am, two daily assignment sheets and two care shift reports containing resident's needs and diagnoses were unlocked and accessible in a cabinet drawer in the laundry room on the second floor.

3. Plan of Correction:

Specific Change

What:

The two daily assignment sheets and two care shift reports containing resident care needs found in the laundry room during survey were immediately reviewed on 09/05/2012. The staff responsible were identified and counseled by the Nursing Director regarding the violation and regulation 55 Pa. Code 2600.17 requirements of confidentiality.

The Charge nurses will include auditing the residential areas as part of their weekly rounds to assure the resident assignment sheets and resident shift reports are maintained in the nursing office and not found in any resident rooms.

The weekly audits will be submitted to the Nursing Director. The Nursing Director will randomly perform the room audits with the charge nurses. The audit forms will be filed in the nursing office and reviewed by the Nursing Director. Confidential Medical Record will be added to the resident assignment sheets and resident care shift report in bold format.

Who:

Nursing Director

When:

As of 9.15.12

Training:

Training was provided to all direct care staff, nursing support staff and professional staff on 09/06/2012, 09/07/2012, 09/13/2012 and 09/15/2012 regarding policy 2600.17 resident records and confidentiality. The charge nurses were trained regarding their role in securing the resident records in the designated area in the nursing office and trained regarding their role in auditing the rooms with emphases placed on confidentiality.

Attachments:**Policy 2600:17**

Training records conducted for policy 2600.17

Audit tool.

Copies of the assignment sheet and resident care needs report with
CONFIDENTIAL RESIDENT RECORD IN BOLD.

Counseling records

Violation Report: 13104 - 09/04/2012 - McHale, Christine
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 9/5/12, at 10:30 am, the water temperature at the kitchen sink in resident room 404 measured 128.6 degrees Fahrenheit.

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. (see attachment)

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>9/27/12</u> (Date)		Plan of correction implementation status as of <u>9/27/12</u> (Date)	
The above plan of correction was approved by <u>(Signature)</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	

**Pennsylvania Department of Public Welfare
Violation Report 13104- 09/04/12
PCH Name: Plush Mills Senior Living**

1 Regulation 55Pa. Code 2600

2600.89(b) Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. Description of Violation

On 9/5/12 at 10:30am the water temperature at the kitchen sink in resident room 404 measured 128.6 degrees Fahrenheit.

3. Plan of Correction:

What:

The plan of correction is to have the building engineer and the facilities maintenance department check each required apartments water temperature and adjust the water heater temperature setting as necessary to ensure hot water temperatures are below 120°F.

Maintenance personnel will turn on the water in each required apartment and using a thermometer will measure the existing hot water temperature. If any apartment is found to have a water temperature that is in excess of 120°F, then the water heater will be adjusted until the hot water consistently reads below 120°F.

Of Note: The 2nd floor water temperature is regulated in a different location through a separate mixing valve than the 4th floor. These temperature logs have been and will continue to be monitored and recorded at a minimum of a monthly basis.

Who:

The initial temperature readings will be made directly by the Plush Mills Maintenance Department and on an on-going basis by trained maintenance staff.

When:

The initial process of measuring and adjusting the water heaters will be completed by 9/18/12. To ensure there is no further occurrence of excess water temperature, maintenance will select random apartments on a monthly basis and measure the water temperature to verify the readings are below 120°F. A log will be kept by the maintenance department.

Training:

By 9/18/12 all full time maintenance personnel will be trained by the Building Engineer to read the water temperature in the apartment and how to adjust the water heater setting.

Attachment:

Water temperature logs.

Violation Report: 13104 - 09/04/2012 - McHale, Christine
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures are not posted in a conspicuous and public place in the home.

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. (See attachment)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Megan Smyth*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Megan Smyth</i>	Date <i>9.18.12</i>
--	---------------------

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

The above plan of correction is approved as of <u>9/27/12</u> (Date)	Plan of correction implementation status as of <u>9/27/12</u> (Date)
The above plan of correction was approved by <u><i>MS</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

Pennsylvania Department of Public Welfare
Violation Report 13104 – 9.4.12
PCH Name: Plush Mills

1. Regulation 55 Pa. Code 2600:
2600.123 (b) Copies of the emergency preparedness procedures as specified in 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.
- 2a. Description of Violation:
The home's emergency procedures are not posted in a conspicuous and public place in the home.
3. Plan of Correction:

Specific Change:

What:

The Plush Mills Emergency Procedures have been posted in the central lobby area as of 9.4.12. Additional copies are also kept in the Executive Directors office and key emergency personnel have copies off-site to reference in the event of disaster.

Residents have an outline of the emergency procedures in their Resident Handbook, which is reviewed with them when they move in. A new version of the Resident Handbook reflecting the public location of the emergency procedure will be redistributed by 10.25.12.

All staff will be informed of this location change during the planned mandatory all-staff fire safety training the month of October (So by end date 10.31.12) and/or upon new hire orientation.

Who:

The Executive Director

When:

As of 9.3.12

Training:

The mandatory 65a training has been updated to reflect the revised location of the Emergency Preparedness Procedures. This updated training will be given to all staff during Fire Safety Month 10.12 along with the immediate updated training going to all new hires during orientation.

Violation Report: 13104 - 09/04/2012 - McHale, Christine
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed levothyroxine 125 mcg daily. The resident was not given this medication on 9/5/12 at 8:30 am.

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. (See attachment)

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

Signature of Legal Entity Representative (Required on EVERY Page): *Megan Leary*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): <i>Megan Leary</i>	Date: <i>9.18.12</i>
--	----------------------

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

The above plan of correction is approved as of <u>9/27/12</u> (Date)	Plan of correction implementation status as of <u>9/27/12</u> (Date)
The above plan of correction was approved by <u><i>ML</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

**Pennsylvania Department of Public Welfare
Violation Report 13104 – 9.4.12
PCH Name: Plush Mills**

1. Regulation 55 Pa. Code 2600:
2600.187(d) – The home shall follow the directions of the prescriber.

2a. Description of Violation:
Resident #3 is prescribed levothyroxine 125 mcg daily. The resident was not given this medication on 9/15/12.

3. Plan of Correction:

Specific Change

What:

Resident #3 was not given their medication as prescribed during survey conducted 09/05/210123. The employee responsible was interviewed immediately and a statement regarding the circumstances was obtained by the Director of Nursing services. The reportable incident was sent to the PCH regional office describing the incident within 24 hours. The doctor and family were contacted. The resident was assessed for untoward effects. On 09/05/2012 the employee was counseled and reeducated on proper medication administration safety by the Director of Nursing Services. The Director of Nursing will perform random audits with this employee to ensure the omission of medication is not repeated. The monthly medication audit conducted by the Director of Nursing Services and or designee will include checking for any missed medications.

Who:

Nursing Director

When:

9/6/2012

Training:

On 09/05/2012 the employee was retrained on proper medication administration safety by the Director of Nursing Services.

Attachments:

Training record
Employee counseling
Reportable incident
Employee statement

Violation Report: 13104 - 09/04/2012 - McHale, Christine
 PCH Name: PLUSH MILLS

1. REGULATION 55 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 home has not completed an initial assessment for resident 3, admitted 7/13/12.

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. (See attachment)

The home completed the assessment for resident #3 on 9/17/12. SN

The homes administrator will review all of the resident files to ensure that assessments are completed timely by 10/15/12. SN

The nursing director completed a training on the importance of completing an initial assessment within 15 days of admission on 9/14/12. SN

The administrator developed an audit tool that will be used to review all new resident admission packets and will be reviewed by the Nursing director weekly starting 10/15/12. SN

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

Signature of Legal Entity Representative (Required on EVERY Page) *Megan Lengly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Megan Lengly* Date *9.18.12*

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

The above plan of correction is approved as of <u>9/27/12</u> (Date)	Plan of correction implementation status as of <u>9/27/12</u> (Date)
The above plan of correction was approved by <u>SN</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

**Pennsylvania Department of Public Welfare
Violation Report 13104 – 9.4.12
PCH Name: Plush Mills**

1. Regulation 55 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 home has not completed an initial assessment for resident 3, admitted 7/13/12.

3. Plan of Correction:

Specific Change

What:

A resident shall have an initial assessment that is documented on the department's assessment form within 15 days of admission. The initial assessment for every resident will be audited by the Nursing Director or designee to verify compliance. An audit tool will be utilized for the audit. A copy of the completed audit tool will be maintained on the resident's chart for review.

Who:

Nursing Director

When:

9/17/12

Training:

The Nursing Director has trained the professional team responsible for the completion of the care plan. The documentation requirements were reviewed by the team. The team was notified that the audit will be in place effective immediately.

Attachments:

Training log
Audit tool