

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BRADFORD ECUMENICAL HOME INC
LEGAL ENTITY

To operate CHAPEL RIDGE
NAME OF FACILITY OR AGENCY

Located at 200 ST. FRANCIS DRIVE, BRADFORD, PA 16701
(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 112
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 November 10, 2012 until November 10, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426420

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 11 2012

Mr. Gregory J. Ulyan, Administrator
Bradford Ecumenical Home, Inc.
100 St. Francis Drive
Bradford, Pennsylvania 16701

RE: Chapel Ridge
200 St. Francis Drive
Bradford, Pennsylvania 16701

Dear Mr. Ulyan:

As a result of the Department of Public Welfare's licensing inspection on September 11, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42642 - 09/11/2012 - Rojon, Dennis
PCH Name: CHAPEL RIDGE

2012

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #2 was completed 1/26/11.

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.

The most recent assessment of Resident # 2 was completed 1/25/12. Copy of assessment was in resident's file. Copy of assessment attached along with copy of computer screen showing date of 01/24/12 as last date the document was modified. A new RASP will be completed on each resident annually, upon significant change or at the Department's request.

withdrawing

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)

*Gregory S. Wlyan
Administrator*

Date *9/28/12*

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: 42642 - 09/11/2012.- Ropon, Dennis
PCH Name: CHAPEL RIDGE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the ^{Western Field Office} 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 #2's most recent support plan, dated 1/26/11, does not indicate the care and services the home will provide related to the resident's diagnosis of depression.

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.

The most recent support plan for Resident #2 was dated 11/25/12. A copy of the support plan was in the resident's file. A copy of the support plan is attached along with a copy of the computer screen showing a date of 11/24/12 as last date the document was modified. The support plan has an addition of a diagnosis of depression and a plan to address the diagnosis by administering 20mg Paxil daily as well as monitoring the resident for signs + symptoms of increased depression or side effects, and a follow up with the physician as needed. With the implementation of the RASP document, all diagnoses will have a plan to address the diagnosis best.

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) Gregory J. Lelyan Administrator Date 9/28/12

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

The above plan of correction is approved as of 10-3-12 (Date)

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

Plan of correction implementation status as of 10-3-12 (Date)

- Fully Implemented 10-3-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented