

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PHILADELPHIA PRESBYTERY HOMES INC
LEGAL ENTITY

To operate SPRING MILL PRESBYTERIAN VILLAGE
NAME OF FACILITY OR AGENCY

Located at 2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 107
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 33

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 15, 2012 until December 15, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127920

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



DEC 06 2012

Ms. Terry O'Connell, Administrator
Philadelphia Presbytery Homes, Inc.
Spring Mill Presbyterian Village
2002 Joshua Road
Lafayette Hill, Pennsylvania 19444

Dear Ms. O'Connell:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 24, 2012 and September 25, 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12792 - 09/24/2012 - Schorpf, Amy
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

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 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 9/21/12 and 9/22/12, the home failed to administer scheduled 9:00am and 9:00pm medications to Resident #5. The home did not submit an incident report to the Department.

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 attached

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *TJ O'Connell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TERRY O'CONNELL PCHA* Date *10/11/12*

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

The above plan of correction is approved as of 10/16/12
 (Date)

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

Plan of correction implementation status as of 10/16/12
 (Date)

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

Violation Report: 12792 - 09/24/2012 - Scharpf, Amy
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 85 Pa.Code §2600
 2600.26(c)(10) - The contract shall include a statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

2a. DESCRIPTION OF VIOLATION
 On 2/14/12 and 3/30/12, Resident #1 was given addenda to the original contract signed 7/2/09. The changes took effect the same day as the resident was made aware of the addenda.

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.

*all attached
 withdrawn 10/19/12 cem*

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *T O'Connell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terry O'Connell RCHA* Date *10/11/12*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
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The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 12792 - 09/24/2012 - Scharpl, Amy
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 On 9/25/12, a bottle of OTC Colace, 100mg belonging to Resident #2 was located in the medication cart in the SDCU and was not labeled with the resident's name.

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.

plc attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *T O'Connell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terny O'Connell PCHA* Date *10/11/12*

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

The above plan of correction is approved as of <u>11/2/12</u> (Date)	Plan of correction implementation status as of <u>11/2/12</u> (Date)
The above plan of correction was approved by <u>ORM</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: 12792 - 09/24/2012 - Scharpl, Amy PGH Name: SPRING MILL PRESBYTERIAN VILLAGE	
1. REGULATION 55 Pa.Code §2600 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	
2a. DESCRIPTION OF VIOLATION The September 2012, medication administration record for Resident #3 does not include the diagnosis or purpose for Aspirin chewable 81mg and Zocor 10mg.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> <p style="font-size: 1.5em; text-align: center;"><i>see attached</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/26/2011
Signature of Legal Entity Representative (Required on EVERY Page) <i>T O'Connell</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terry O'Connell</i>	Date <i>10/11/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>10/10/12</i></u> (Date)	Plan of correction implementation status as of <u><i>11/2/12</i></u> (Date)
The above plan of correction was approved by <u><i>ORM</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: 12792 - 09/24/2012 - Scharpf, Amy
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 65 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 9/4/12 and 9/20/12, Resident #4 refused to take the scheduled 9:00am doses of Oscal 600/200/p-3 and Zoloft 100mg. The home did not report the refusal to the resident's doctor as required.

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.

All attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *T O'Connell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Termy O'Connell RCHA* Date *10/11/12*

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

The above plan of correction is approved as of 10/16/12
 (Date)

Plan of correction implementation status as of 11/2/12
 (Date)

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

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

Violation Report: 12792 - 09/24/2012 - Scharpl, Amy
 PCH Name: SPRING MILL PRESBYTERIAN VILLAGE

1. REGULATION 56 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 -On 9/21/12, an error in Resident #6's medication administration occurred involving the failure to administer; Lipitor 80mg and Caredilol 6.25mg at 9:00pm. The error was not reported to the resident, the resident's designated person or the prescriber.
 -On 9/22/12, an error in Resident #5's medications administration occurred involving the failure to administer; Losartan Potassium 100mg, Niaspan 1000mg, Lasix 40mg, Klor-Con 20 mEq at 9:00am and Caredilol 6.25 mg at 9:00pm. The error was not reported to the resident, the resident's designated person or the prescriber.

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 attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *T O'Connell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terry O'Connell RCHA* Date *10/11/12*

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

The above plan of correction is approved as of <i>10/10/12</i> (Date)	Plan of correction implementation status as of <i>11/8/12</i> (Date)
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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

Spring Mill Presbyterian Village

Plan of Correction

Survey dates 09/24/12 – 09/25/12

Update 10/17/12

Update 10/19/12

Violation 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).

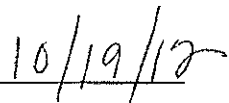
Corrective Action: nurses and med techs have been in-serviced on the proper procedures for reporting an incident to DPW. All staff will report an incident within 24 hours of the occurrence. Incidents will be recorded on the 24 hour report. The Director of Resident Services and/or designee will review the 24 hour report daily and follow-up with ensuring the incident reports are complete and submitted.

Violation 2600.184(b): If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Corrective Action: the nurse on duty during the inspection of the med cart immediately placed the name of the resident on the OTC medication. The label was there previously and had fallen off. Nurses and med techs have been in-serviced on the need for a label for all OTC and CAM medications for the residents. In the event that the label comes off, a new one shall be made immediately and applied. The Director of Resident Services and/or designee will conduct monthly med cart audits to ensure compliance. Additionally, the Pharmacy consultant will also include as part of her quarterly med cart audit.



Terry O'Connell, NHA, PCHA
Administrator



Date

Violation 2600.187(a): a medication record shall be kept to include the following for each resident for whom medications are administered: resident's name, drug allergies, name of medications, strength, dosage form, dose, route of administration, frequency of administration, administration times, duration of therapy, if applicable, special precautions, if applicable, diagnosis or purpose for the medication, including pro re nata (PRN), date and time of medication administration, name and Initials of the staff person administering the medication.

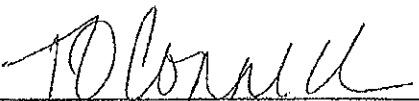
Corrective Action: immediately following the survey, the Director of Resident Services audited the MAR's and placed missing diagnoses on each medication for every resident. Nurses were in-serviced on the importance of having a diagnosis for each medication and notifying the physician to clarify when needed. The Director of Resident Services and/or designee will review each new admission and will audit quarterly to ensure compliance.

Violation 2600.187(c): if a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Corrective Action: the physician has been contacted regarding this one resident and an order was obtained to notify the physician after 3 refusals. Nurses and med-tech have been in-serviced on the need to notify the physician after a refusal or per physician's order. All medication refusals will be documented on the chart and on the 24 hour report. The Director of Resident Services will review the 24 hour report daily to ensure compliance.

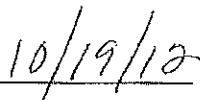
Violation 2600.188(b): a medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Corrective Action: nurses and med techs have been in-serviced on notifying the resident, POA and physician in the event of a med error - in this case, a medication that was unavailable was not administered. This will be recorded in the resident's chart and on the 24 hour report. The Director of Resident Services will review the 24 hour report daily to ensure compliance.



Terry O'Connell, NHA, PCHA

Administrator



Date