

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PENNSWOOD VILLAGE
LEGAL ENTITY

To operate PENNSWOOD VILLAGE PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA 18940
(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 41
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 January 20, 2013 until January 20, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 126750

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

DEC 14 2012

Ms. Karen E. Lehman, Executive Director
Pennswood Village
Pennswood Village Personal Care Home
1382 Newtown-Langhorne Road
Newtown, Pennsylvania 18940

Dear Ms. Lehman:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 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 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME		License Number: 126750
Address: 1382 NEWTOWN LANGHORNE ROAD, NEWTOWN, PA 18940.		County: Bucks
Administrator: Elise Smith		Region: SOUTHEAST
Legal Entity Name: PENNSWOOD VILLAGE		
Legal Entity Address: 1382 NEWTOWN LANGHORNE ROAD, NEWTOWN, PA 18940		
Certificate(s) of Occupancy C-1 09/03/1993 Department of Health		
Staffing Hours Resident Support: 0 Total Daily Staff: 63 Working Staff: 47		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/01/2012; Scharpf, Amy; O'Pake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 41 Number of Residents Served: 34 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 12676 - 11/01/2012 - Scharpf, Amy
 PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 68 Pa.Code §2800
 2800.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home does not have current boiler certificates for the home's 8 boilers.

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 boilers for the home have been inspected as of 11/6/2012. The Facilities Manager will monitor to ensure that all boilers are inspected and certified within the required time frame.

See attachments 1-8.

Completion date: 11/6/2012.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Elise Smith RN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Elise Smith RN* Date *11/16/12*

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

The above plan of correction is approved as of 11/19/12
 (Date)

Plan of correction implementation status as of 11/19/12
 (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: 12676 - 11/01/2012 - Scharpf, Amy
 PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600

2600.85(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

-Staff Person A, whose first day of work was 8/16/11, did not receive orientation in fire safety and emergency preparedness until 10/28/11 and 10/17/11, respectively.

-Staff Person B, whose first day of work was 10/17/12, did not receive orientation in fire safety and emergency preparedness.

-Staff Person C, whose first day of work was 10/17/11, did not receive orientation in fire safety and emergency preparedness until 10/28/11 and 11/21/11, respectively.

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.

Going forward all staff (direct care and non-direct care) will receive fire safety and emergency preparedness training on their first day of work. Nursing Staff Coordinator will monitor and ensure that all required training is completed within the proper time frame. Staff Persons A & C have completed required training. Staff person B will have all required training completed by 11/18/2012. All departments will use attached forms to document completion of first day training. (See attachments 9 & 10) Completion date: 11/18/2012

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

Signature of Legal Entity Representative (Required on EVERY Page) *Elise Smith RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Elise Smith RN* Date *11/16/12*

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

The above plan of correction is approved as of *11/19/12* (Date)

Plan of correction implementation status as of *11/19/12* (Date)

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

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

Violation Report: 12876 - 11/01/2012 - Scharpl, Amy
 POH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 88 Pa.Code §2000
 2600.66(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights,
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adults Protective Services Act (36 P.S. §§ 10226.101-10226.5102),
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

-Staff Person A, hired on 8/15/11, did not receive orientation on Resident's Rights, Emergency Medical Plan, Mandatory reporting of abuse and neglect under the Older Adults Protective Services Act and Reporting of reportable incidents and conditions.
 -Staff Person C, hired on 10/17/11, did not receive orientation on Emergency Medical Plan, Mandatory reporting of abuse and neglect under the Older Adults Protective Services Act and Reporting of reportable incidents and conditions.

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.

Going forward all staff (direct care & non-direct care) will receive the above training within the first 40 hours of scheduled work. The Nursing Staff Coordinator will monitor and ensure that all required training is done within the proper time frame.

Staff Persons A & C will have required training completed by 11/30/2012. (See attachments 11 & 12)

All departments will use attached forms to document completion of training for the first 40 hours of scheduled work. (See attachments 9 & 10)

Completion date: 11/30/2012

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/28/2011
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Elise Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Elise Smith RN* Date: *11/16/12*

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

The above plan of correction is approved as of 11/19/12
 (Date)

The above plan of correction was approved by *MEM*
 (Initials)

Plan of correction implementation status as of 11/19/12
 (Date)

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

Violation Report: 12676 - 11/01/2012 - Scharpf, Amy
 PGH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (36 P. S. §§ 10226.101-10226.5102).
 (5) Falls and accident prevention;
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff Person D did not receive training in any of the required annual trainings listed in 65g during training year January 2011 to December 2011.

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.

Going forward all staff will receive the above training annually.
 Staff Person D did complete annual training in 2011 with the exception of Resident Rights, which has been completed for the 2012 annual training. (See attachment 13)
 The Nursing Staff Coordinator will monitor and ensure that all required training is done annually.

Completion date: 11/16/2012

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

Signature of Legal Entity Representative (Required on EVERY Page) *E. Smith*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Elise Smith RN* Date *11/16/12*

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

The above plan of correction is approved as of 11/19/12 (Date)

Plan of correction implementation status as of 11/19/12 (Date)

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

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

Violation Report: 12676 - 11/01/2012 - Scharf, Amy
 PCH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 88 Pa.Code §2800
 2800.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION

In the smaller dishwashing/prep area of the home, 10 small plates and 8 underliner plates were chipped. In addition, several dinner plates were viewed with dried food debris after being washed, stacked and ready for use.

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 affected dishes were immediately removed from service and discarded
- New dishes have been ordered to replace the current dishes. The new dishes chip and scratch resistant.
- The Health Service Dining Manager and PCH Nursing Manager will conduct quality inspections to ensure compliance.

Completion date: 11/16/2012

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Elise Smith RN

Date

11/16/12

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

The above plan of correction is approved as of

11/19/12
 (Date)

Plan of correction implementation status as of

11/16/12
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 12876 - 11/01/2012 - Scharpf, Amy
 POH Name: PENNSWOOD VILLAGE PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 -Staff Person A transports residents to and from appointments without being accompanied by a trained direct care staff person. Staff Person A has not completed the initial new hire trainings listed in 65b.
 -Staff Person D transports residents to and from appointments without being accompanied by a trained direct care staff person. Staff Person D has not completed the required annual trainings listed in 65e, 65f, and 65g.

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.

Going forward all staff persons will complete all required initial and annual training. Staff Persons A & D will complete the above training by 11/30/2012. The Nursing Staff Coordinator will monitor and ensure that all training for the transportation staff is completed within the required time frame.

Completion date: 11/30/2012

Report Violation No	Date(s) of Previous Violation(s)	
---------------------	----------------------------------	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Elise Smith*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Elise Smith RN* Date *11/16/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11/19/12</u> (Date)	Plan of correction implementation status as of <u>11/19/12</u> (Date)
The above plan of correction was approved by <u>CPM</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