

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STAPELEY HALL

LEGAL ENTITY

To operate WESLEY ENHANCED LIVING AT STAPELEY

NAME OF FACILITY OR AGENCY

Located at 6300 GREENE STREET, PHILADELPHIA, PA 19144

(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 79
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 14

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 February 16, 2013 until February 16, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140170

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

FEB 05 2013

Mr. Paul Zlotolow, NHA, Executive Director
Stapeley Hall
Wesley Enhanced Living at Stapeley
6300 Greene Street
Philadelphia, Pennsylvania 19144

Dear Mr. Zlotolow:

As a result of the Department of Public Welfare's licensing inspection on November 26, 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", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 14017 - 11/26/2012 - Scharpf, Amy
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 11/26/12, the home's current license was 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.

3c The License was moved from the receptionist area to outside of the interior front entrance. This is the same location as where the VR is posted. This was done on 11/27/201. KJB.

The license will be posted in this conspicuous location moving forward. The receptionist will ensure the license is always posted in this location. 12/20/12 PAUL ZENTLOW

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)

Kathy Baptiste

Date

12/12/12

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

The above plan of correction is approved as of

1/7/13
 (Date)

Plan of correction implementation status as of

12/20/12
 (Date)

The above plan of correction was approved by

CRM
 (Initials)

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

Violation Report: 14017 - 11/26/2012 - Scharpf, Amy
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash cans in the kitchen of the home have lids with a 6 inch in diameter hole in the middle of each lid allowing for the penetration of insects and rodents.

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.

85 (d) all the old lids have been replaced with new lids which are now covered. To assure that the lids remain on the trash cans holes will be drilled and zip ties will be added to the trash can covers. This will be completed by 12/21/2012. The responsible party will be [redacted] GM for Dining Services.
 He will ensure the trash can lids are appropriately fixed at all times. 12/20/12 *Paul J. Jordon*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>K. J. Baptiste</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Baptiste</i>			Date <i>12/12/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>1/7/13</u> (Date)		Plan of correction Implementation status as of <u>12/20/12</u> (Date)	
The above plan of correction was approved by <u><i>CRM</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	

Violation Report: 14017 - 11/26/2012 - Scharpf, Amy
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
 Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 11/26/12, at 11:30am, the temperature in the refrigerator in Bridges (SDCU) was 50 degrees fahrenheit and at 3:30pm the temperature in the same refrigerator was 49 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.

103 (f) the refrigerator in Bridges needed to be adjusted, once adjustment was made the temperature remained normal. The refrigerator is reading at below 41 and the Freezer zero or below. The entire existing thermometer was replaced because they were not easy to read. These replacement ones are more users friendly. The staff is all being in serviced about reporting temperature indifference and the procedure of fixing any temp related issues. The in-service will be completed 12/21/2012. [REDACTED] will assure compliance.

The temperatures will be checked daily by the aide to ensure compliance. This log will be monitored by the general manager of dietary services. 12/20/12 Paul J. [Signature]

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Baptiste* Date *12/12/12*

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

The above plan of correction is approved as of 1/7/13
 (Date)

Plan of correction implementation status as of 12/20/12
 (Date)

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

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

Violation Report: 14017 - 11/26/2012 - Scharpf, Amy
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Behind the dryer in the laundry room of Bridges, the SDCU area of the home, there was lint and dust on the hoses, an article of doll clothing, a wash cloth, a wad of dryer lint and many sheets of 8" by 11" paper.

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.

105 (g) (2) The area was cleaned by the maintenance department on 11/27/2012. The dryer on the SDCU has been added to the semi-annual vent cleaning contract. This service will be occurring every March and September. [Redacted] will assure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Baptiste*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Baptiste* Date *12/12/12*

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

The above plan of correction is approved as of 12/13/12 (Date)

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

Plan of correction implementation status as of 12/30/12 (Date)

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

Violation Report: 14017 - 11/26/2012 - Scharpf, Amy
 PCH Name: WESLEY ENHANCED LIVING AT STAPELEY

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home's menus posted outside of Treetops Dining room and the dining room in Bridges, the SDCU area of the home, were not posted one week in advance, only the current week was posted.

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.

current and next weeks menu 12/20/12
 162 (c) The menu for the ~~previous week~~ was posted outside of Tree Top dining room as well as the SDCU on 11/27/2012, going forward the menus will be posted on Saturday nights and will be checked on Sunday Morning by opening manager. This was started 12/8/2012.

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	
Kathy Baptiste		12/12/12	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>1/7/13</u> (Date)		Plan of correction implementation status as of <u>12/20/12</u> (Date)	
The above plan of correction was approved by <u>CRM</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	