

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **SPIRIT OF GHEEL**

LEGAL ENTITY

To operate **BUTTONWOOD FARM**

NAME OF FACILITY OR AGENCY

Located at **14 BUTTONWOOD LANE, P.O. BOX 610, KIMBERTON, PA 19442**

(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 7
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 **January 15, 2013** until **January 15, 2014**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 107900

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



JAN 23 2013

Ms. Vanessa Perez, Director of Operations
Spirit of Gheel
Buttonwood Farm
14 Buttonwood Lane, P.O. Box 610
Kimberton, Pennsylvania 19442

Dear Ms. Perez:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 4, 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.

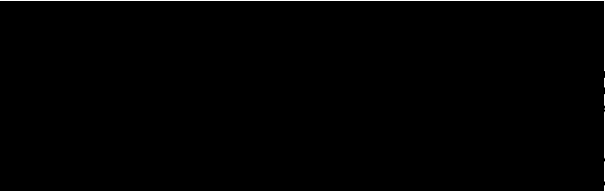
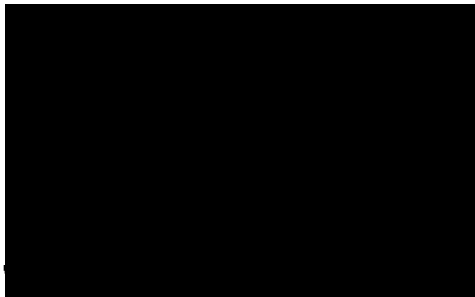
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is written in a cursive style with a prominent loop at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: BUTTONWOOD FARM		License Number: 107900
Address: 14 BUTTONWOOD LANE P O BOX 610, KIMBERTON, PA 19442		County: Chester
Administrator: Vanessa Perez		Region: CENTRAL
Legal Entity Name: SPIRIT OF GHEEL		
Legal Entity Address: P.O.BOX 610, KIMBERTON, PA 19442		
Certificate(s) of Occupancy C-3 SP 03/24/2000 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 5 Waking Staff: 4		
Type of Inspection: Ind - Partial/Center head BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 12/04/2012: McCloskey, Jason; Minnich, Ron		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 141a Random Indicators: 3c - 28f2 - 102d1 - 103 - 161a		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 7 Number of Residents Served: 5 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

RECEIVED

DEC 20 2012

**CENTRAL REGION FIELD OFFICE
Human Services Licensing**

Violation Report: 10790 - 12/04/2012 - McCloskey, Jason
 PCH Name: BUTTONWOOD FARM

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 4/23/12. The resident's medical evaluation was completed on 6/21/12.

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.

The resident medical evaluation has been added to the CQI monitoring and will be checked by both administrative Assistant and Director of operations. In addition, the medical Director will be notified of date of resident admission and time frame for medical completion per PAW regulations.

These will be performed when a resident has been admitted and ongoing for annual updated/renewal.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Vanessa Perez, Spirit of Steel Date 12/20/12

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

The above plan of correction is approved as of 12-24-12
 (Date)

Plan of correction implementation status as of 12-24-12
 (Date)

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

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