

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN HOMES, INC.
LEGAL ENTITY

To operate KIRKLAND VILLAGE
NAME OF FACILITY OR AGENCY

Located at 2335 MADISON AVENUE, BETHLEHEM, PA 18017
(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 64
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 February 19, 2013 until February 19, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 220500

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

FEB 19 2013

Ms. Samantha Roos-Meiser, Executive Director
Presbyterian Homes, Inc.
One Trinity Drive, East, Suite 201
Dillsburg, Pennsylvania 17019

RE: Kirkland Village
2335 Madison Avenue
Bethlehem, Pennsylvania 18017

Dear Ms. Roos-Meiser:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 6, 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", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 22050 - 12/06/2012 - Bloch, Betty
 PCH Name: KIRKLAND VILLAGE

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 (35 P. S. §§ 10225.101-10225.5102).
 (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 persons A and B did not receive the required annual training in fire safety completed by a fire safety expert or a staff person who was trained by a fire safety expert in the 10/1/11 - 9/30/12 training year. Staff persons A and B began employment on 6/20/06 and 4/11/07, 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.
 A mandatory fire safety meeting was held 12/20/12. Staff were re-trained by a DPW "Fire Safety Expert." This training will be scheduled on an annual basis.
 See attached documents.

The administrator will monitor and assure ongoing compliance.
M
1/29/13

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
Samantha A. Roo-Weiser, Executive Director		12/21/12

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

The above plan of correction is approved as of	<u>1/29/13</u> (Date)	Plan of correction implementation status as of	<u>1/29/13</u> (Date)
The above plan of correction was approved by	<u>M</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: 22050 - 12/06/2012 - Bloch, Betty
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed a grab assist bar attached to the bed located in room number #235. The assist bar measures approximately 14 inches by 8 inches. The assist bar does not have a cover and, therefore, the residents limbs could become entangled in the bar causing injury or even death.

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.

Bed in room #235 has been examined and found not to pose an entrapment risk. Resident and family have been educated as to the risks vs. benefit of a grab bar and express understanding and wish to keep the bar to assist with the residents independence. A protective covering has been ordered and will be applied when available to the community. Other resident requesting grab bars will be educated to risk vs. benefit and appropriate alterations will be made as necessary to provide for resident safety.

Mesh protective covering was purchased and installed on 12/21/12.

See attached document.

* The administrator will monitor and be responsible for all resident wheelchairs, walkers, prosthetic devices, grab bars, bed rails and assure that all apparatuses do not pose any entrapment risk to residents that utilize these devices. m 1/29/13

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) *Samantha A. Ross-Meisler Executive Director* Date *12/21/12*

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

The above plan of correction is approved as of *1/29/13* (Date) Plan of correction implementation status as of *1/29/13* (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: 22050 - 12/06/2012 - Bloch, Betty
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

It was determined through staff interviews that the home uses one glucometer to test insulin levels on all residents who require testing. The home is currently sharing one glucometer to test resident #s 1, 2, 3 and 4.

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 glucometer was properly cleaned and sanitized between each use per infection control policy. Individual residents and family members were contacted and informed that they needed to obtain individual and resident specific glucometers. LPN staff were educated on 12/11/12 that using a shared glucometer is no longer an acceptable practice. Residents are no longer using shared glucometers.

See attached document.

* The administrator will monitor and assume ongoing compliance.

M 1/29/13

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

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

The above plan of correction is approved as of <u>1/29/13</u> (Date)	Plan of correction implementation status as of <u>1/29/13</u> (Date)
The above plan of correction was approved by <u>M</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: 22050 - 12/06/2012 - Bloch, Betty
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 The lint trap of the Whirlpool dryer located on the "West" side of the home was ¾ full of lint at 10:04 am. The drum of the dryer was empty and cool when touched by the Department Representative.

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.

Corrected at time of inspection. Staff were educated on 12/11/12 about the fire hazzard risks associated with full lint traps. An entry was added to the computerized medication pass to assure that both dryers are checked daily at 2:00PM. Residents were also educated on 12/13/12 to empty the lint trays each time they do laundry.

* The administrator will monitor lint traps and assure ongoing compliance -
 M
 1/29/13

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) Executive Director Date 12/21/12

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

The above plan of correction is approved as of <u>1/29/13</u> (Date)	Plan of correction implementation status as of <u>1/29/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 22050 - 12/06/2012 - Bloch, Betty
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 12/6/12 the home had 31 residents residing at the facility. Based upon the number of residents, the home is required to have at least 93 gallons of emergency water supply on hand. On 12/6/12 the home had 84 gallons of emergency water supply on hand. The home's letter dated 10/23/12 from Lehigh Valley Dairy does not specify the amount of water to be delivered to the facility, a guarantee that the water will be delivered immediately upon request 24 hours per day, or a guarantee that water will be delivered as a priority even in the event of a regional general emergency.

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.

Five cases of water were ordered 12/11/12 bringing the total gallons of water to 120 gallons. Water was delivered from US Foodservice: Allentown. We have surveyed the amount of water needed to maintain at least a three day supply for 35 residents and will assure that this amount is always on site.

* The administrator will monitor and assure correct amount of water and nonperishable food is available for 3 days for all residents residing in the home.

M
 1/29/13

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
Sandra A. Ross-Meyer, Executive Director		12/21/12

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

The above plan of correction is approved as of	1/29/13 (Date)	Plan of correction implementation status as of	1/29/13 (Date)
The above plan of correction was approved by	M (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: 22050 - 12/06/2012 - Bloch, Betty
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home did not have documentation that it notified the local fire department in writing of the location of the home, location of the bedrooms, and if any residents require assistance to evacuate the building in the event of an emergency.

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.

We do not have any current residents who require assistance to evacuate the building in the event of an emergency. A letter was sent to the Bethlehem Fire Department on December 21, 2012 informing them of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

See attached letter.

** The administrator will monitor and notify the local fire department of any changes regarding assistance needed to evacuate in an emergency. Documentation of notification shall be maintained + kept by the home.*
 mm
 1/29/13

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
Samantha A. Roos-Meiser Executive Director		2/21/12

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

The above plan of correction is approved as of <u>1/29/13</u> (Date)	Plan of correction implementation status as of <u>1/29/13</u> (Date)
The above plan of correction was approved by <u>mm</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: 22050 - 12/06/2012 - Bloch, Betty
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(j) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION
 It was determined through review of the fire drill record and an interview with staff person D that the fire alarm or smoke detector was not activated during the fire drill conducted on 11/29/12 at 4:50 am.

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.
 Per telephone conversation with [redacted] from Croker on 12/18/12 he did sound the alarm on the fire drill conducted on 11/29/12 at 4:50AM. The Director of Environmental Services educated [redacted] not to use the terminology, "Code Red" when completing the Fire drill documentation. [redacted] verbalized a clear understanding that the fire alarm must sound during each fire drill.

* The administrator will monitor fire drills monthly and assure ongoing compliance.

m
 1/29/13

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

Executive Director
 Samantha A. Roos-Meiser 12/21/12

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

The above plan of correction is approved as of <u>1/29/13</u> (Date)	Plan of correction implementation status as of <u>1/29/13</u> (Date)
The above plan of correction was approved by <u><i>m</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: 22050 - 12/08/2012 - Bloch, Betty
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa. Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

A 4-ounce tube of "Calmoseptine Ointment" was found stored in the "West Medication Cart" for resident #5, who was discharged from the home on 10/19/12.

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.

A system to audit medication carts has been established. Carts are audited once a week.

Resident #5 was discharged from the home on 10/19/12 and elected not to take the un-opened ointment. Another resident's doctor had ordered the same product. Staff moved the ointment to that area of the cart. Staff educated on 12/11/12. OTC and CAM's must be labeled specifically to the assigned resident.

* The administrator will monitor and will be responsible for ongoing compliance.

mm
1/29/13

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) *Samantha A. Ross-Meier, Executive Director* Date *1/22/13*

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

The above plan of correction is approved as of *1/29/13*
 (Date)

Plan of correction implementation status as of *1/29/13*
 (Date)

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

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

Violation Report: 22050 - 12/06/2012 - Bloch, Betty
 PCH Name: KIRKLAND VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home's controlled medication policy and procedures is to have the out-going shift person count the controlled medications with the on-coming shift person and then both staff persons initial the "Control Drug Sheet" at the time the count is completed.

It was determined through review of the "Control Drug Sheet" and an interview with staff person E that the home did not follow its policy and procedures on 12/6/12. At 2:58 pm on the day of this inspection, the "Control Drug Sheet" was initiated by the off-going day shift staff person prior to completing the controlled medication count with the on-coming afternoon shift staff person.

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.

A mandatory staff education meeting was held on 12/11/12. The current policy which supports this regulation was reviewed. All staff verbalized an understanding of the importance of counting controlled medications with another staff member.

See attachment.

* The administrator will be responsible for "Auditing" control Drugsheets" and will assure safe storage, access, security, distribution & use of medications and medical equipment by trained staff.

m
1/29/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/19/2011

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sandra A. Ross-Meiser, Executive Director* Date *12/21/12*

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

The above plan of correction is approved as of 1/29/13
 (Date)

Plan of correction implementation status as of 1/29/13
 (Date)

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

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