

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate **GHEEL HOUSE**

NAME OF FACILITY OR AGENCY

Located at **P.O. BOX 610, 10 HOLLOW ROAD, 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 **8**
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 5, 2013** until **February 5, 2014**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144320**

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

Ms. Vanessa Perez, Director of Operations
Spirit of Gheel
Gheel House
P.O. box 610, 10 Hollow Road
Kimberton, Pennsylvania 19442

Dear Ms. Perez:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 13, 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.

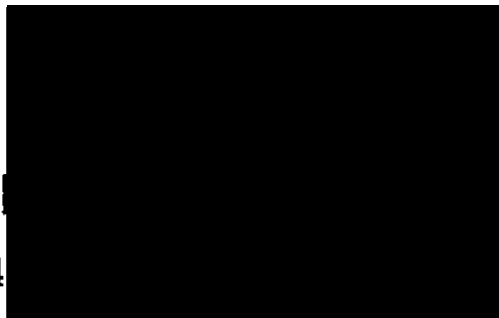
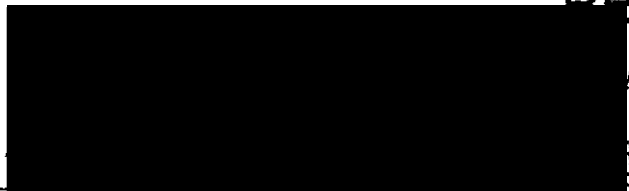
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a horizontal line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: GHEEL HOUSE		License Number: 144320
Address: P O BOX 610 10 HOLLOW ROAD, 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 04/11/1985 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2012: McCloskey, Jason; Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: 132d - 132e		Random Indicators: 25a2 - 123c - 223a - 228a - 253c
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 7		
Secured Dementia Care Unit in Home: No		
Area:		
Secured Dementia Unit Capacity, if Applicable:		
		<p align="center">RECEIVED JAN 14 REGION FIELD OFFICE Services Licensing</p>

Violation Report: 14432 - 12/13/2012 - McCloskey, Jason
 PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's written policy on reportable incidents does not address prevention and management of reportable incidents.

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.

This policy was updated in 2010, but was not updated in the spirit of Gheel Policy Book. This policy has been added to our current Book. See attached Doc # 1

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Vanessa Perez*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Vanessa Perez Director of Operations</i>	Date <i>1/10/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-15-13
 (Date)

Plan of correction implementation status as of 1-15-13
 (Date)

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

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

Violation Report: 14432 - 12/13/2012 - McCloskey, Jason
PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
There is no bedside table or shelf beside the bed for Resident #1.

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 bedside table HAS been added to resident #1.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Vanessa Perez* Director of Operations

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Vanessa Perez* Date *1/10/13*

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(Date)

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

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Violation Report: 14432 - 12/13/2012 - McCloskey, Jason
 PCH Name: GHEEL HOUSE

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 12/13/12, the upright freezer located in the basement pantry does not have a thermometer.

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 thermostat has been added to
 large upright freezer.

The Administrator will ensure that food is
 stored as required by this regulation. - &e

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)

Vanessa Perez Director of Operations

Date

1/10/13

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&e
 (Initials)

Violation Report: 14432 - 12/13/2012 - McCloskey, Jason
 PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation time for 12/12/11 was 2 minutes and 40 seconds.

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 Home administrator provided Fire drill training instructions to all direct care staff. Residents of the home were also informed of the evacuation time guidelines. A Fire drill was conducted on 1/7/13, with a time under 2 1/2 minutes. Yearly Fire drill training instructions will be provided to all Direct Care Staff. If a drill exceeds 2 1/2 minutes, the time will be documented and repeated the following day. If three consecutive fire drills exceed 2 1/2 minutes, A Fire Safety expert will be consulted.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Vanessa Perry, Director of Operations</i>	Date <i>1/10/13</i>
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Violation Report: 14432 - 12/13/2012 - McCloskey, Jason
 PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last drill conducted during sleeping hours was on 8/26/12. Prior to the August, 2012 drill, no drills were held during sleeping hours from 12/13/11 through 8/25/12.

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 homes administrator developed a Fire drill calendar for 2013 that includes a fire drill during sleeping hours every 6 months and also alternating shifts, days, times, and exit routes.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Vanessa Perez

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

Vanessa Perez, Director of Operations

Date 1/10/13

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Violation Report: 14432 - 12/13/2012 - McCloskey, Jason
 PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home does not have an emergency medical plan.

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 emergency medical plan has been updated to include which hospital is to be used in the event of an emergency, transportation method used and emergency staffing plan.
 See Doc # 2

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

[Handwritten Signature]

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

Vanessa Perez, Director of Operations

Date

1/10/13

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Violation Report: 14432 - 12/13/2012 - McCloskey, Jason
 PCH Name: GHEEL HOUSE

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 12/13/12, a blister card for Resident #1 contained 18 tablets. The blister card contained 31 blisters and had been started on 12/3/12. Staff Person A, the administrator, was unable to account for the missing 3 tablets.

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.

In addition to having A missing medication policy, + Storage policy - a policy regarding Handling Narcotics HAS been added to Med policy + procedures. Staff are now required to sign the MAR and Blister pack with initials and date each med administration time. These are checked daily to be sure staff are completing properly and all meds are accounted for.

attached are doc's 3, 4, 5 regarding Narcotic Meds, Storage and Missing Medication.

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) *Vanessa Perez Director of Operations* Date *1/10/13*

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