

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LEEDS HEALTH CARE SERVICES INC
LEGAL ENTITY

To operate NOTTINGHAM VILLAGE RETIREMENT CENTER
NAME OF FACILITY OR AGENCY

Located at 60 NEITZ ROAD, PO BOX 32, NORTHUMBERLAND, PA 17857
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 90
(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 April 26, 2013 until April 26, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations

No: 202130

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

MAR 26 2013

Mr. Frederick D. Kessler, President
Leeds Health Care Services, Inc.
Nottingham Village Retirement Center
60 Neitz Road
Northumberland, Pennsylvania 17857

Dear Mr. Kessler:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 4, 2013, 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: 21256 - 02/04/2013 - Dumas, Gerald

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.

2. DESCRIPTION OF VIOLATION

The bed next to the window in room #309 had two grab assist bars. The bars were 12 inches wide and were not covered or attached to the frame of the bed. This poses a possible hazard to the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

Audit tool created to perform random audit checks for all bed enablers.
 See attachment #1 for areas to be checked during audit.
 Will be added to QA semi-annually x 1 year

The Administrator will be responsible for all devices & apparatuses used by residents and assure they are clean, in good repair and free of hazards.

mw
3/7/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Fred D. Kessler Pres*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Fredrick D. Kessler* Date *3/26/13*

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

The above plan of correction is approved as of 3/7/13 (Date)

Signature of Legal Entity Representative 3/7/13 (Date)

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

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

Violation Report: 21256 - 02/04/2013 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2. DESCRIPTION OF VIOLATION

The following poisonous materials were unlocked and accessible in a shower room in the home's SDU:
 BIO Conqueror 105 labeled "if swallowed call a physician."
 Emerel Multi Surface Cleaner labeled "if ingested get medical attention."
 Virex 256 1 step disinfectant labeled "call medical attendant, doctor or poison control immediately."
 Regency Foam Tub and Tile cleaner labeled "if swallowed get immediate medical attention."

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

Audit tool created for random environmental cleaning cart checks.

See Attachment #1 for details of audit. Will be added to QA - semi-annually. Staff involved w/ incident receive counseling.

The administrator will be responsible to monitor areas where poisonous materials are located and assure they are kept locked & inaccessible to residents.

The administrator will be responsible for ongoing compliance.
 m
 3/7/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Fredrick D. Kessler, DPA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Fredrick D. Kessler* Date *2/26/13*

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

The above plan of correction is approved as of 3/1/13 (Date)

Signature of Legal Entity Representative 3/7/13 (Date)

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

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

Violation Report: 21256 - 02/04/2013 - Dumas, Gerald

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.

2. DESCRIPTION OF VIOLATION

The whirlpool dryer located in the resident laundry room had an accumulation of lint in the lint trap. The dryer was cool to the touch and empty.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

Audit tool created to perform random audit checks of lint traps in dryers
 See attachment #1 for details of audit.
 Will be added to QA semi-annually x 1 year
 Counseling given to staff member responsible.

The administrator shall monitor the homes dryers and assure ongoing compliance.
 M
 3/7/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Fredrick D. Kester, Pres.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Fredrick D. Kester* Date *2/26/13*

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

The above plan of correction is approved as of 3/7/13
 (Date)

Signature of Legal Entity Representative 3/7/13
 (Date)

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

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

Violation Report: 21256 - 02/04/2013 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2. DESCRIPTION OF VIOLATION

It was determined through interviews that when residents leave the building for the day, the medications are taken out of the original pharmacy packaging, placed in individual envelopes that staff members write the instructions on and then the medications are given to the family members.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. 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.

Created policy related to LSA purposes. (attachment #1)
 Staff Inservice on new policy (attachment #2)

The administrator shall be responsible for ongoing compliance. (See Attached)

mm
3/7/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Fredrick D. Kessler Pres.

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

Fredrick D. Kessler

Date *2/26/13*

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

The above plan of correction is approved as of

3/7/13
(Date)

Signature of Legal Entity Representative

3/7/13
(Date)

The above plan of correction was approved by

mm
(Initials)

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



Attachment # 1
212560
2000.183
(LOA)
(A)

SCOPE: ALL STAFF

**Personal Care Unit
Medication for LOA Purposes**

Policy: Procedure for dispensing medication that is to be sent with a resident when going on LOA.

Purpose: To define the procedure to be taken for any medications that need to be taken when a resident is on a LOA.

1. If a resident is going on a LOA and they will not be present in the facility to receive their medication at the prescribed time, the medication must be sent with the resident.
2. Staff is to send the entire original container of the medication that the resident will need while on LOA. The medication is not be removed from the original container and placed into another container to send with the resident.
3. Staff will indicate on the MAR according to facility procedure that the prescribed medication for that particular medication pass was sent on LOA with the resident.
4. Staff will remind the resident and parties taking resident on LOA, prior to leaving on the LOA that the original containers must be returned when the resident comes back to the facility.
5. Upon the return to facility it will be the responsibility of the charge designee to ensure medication has been returned and that the scheduled dose was given while on LOA.
6. In the event the medication was not given while on LOA, the charge designee will notify the pcp that the medication was not given while on LOA.
7. Staff may contact pharmacy if a LOA is planned for a period of time and have the pharmacy prepare the appropriate supply needed while the resident is on LOA.
8. A copy of the MAR will be sent with the current medication information on it, so that dispensing instructions are provided.

M
3/17/13

Distribution:

PC Policy Manual

Approved By:

Kim Volter
Senior Living Administrator

Anna Crawford
Personal Care Supervisor

Fredrick D. Kessler, Pres.
Fredrick D. Kessler