

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to UNIVERSAL HEALTH RECOVERY CENTERS INC
LEGAL ENTITY

To operate UNIVERSAL HEALTH RECOVERY CENTER
NAME OF FACILITY OR AGENCY

Located at 2000 PROVIDENCE AVENUE, CHESTER, PA 19013
(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 16
(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 March 25, 2013 until March 25, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 188360

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. Michael Salazare, CEO
Universal Health Recovery Centers, Inc.
2001 Providence Avenue
Chester, Pennsylvania 19013

RE: Universal Health Recovery Center
2000 Providence Avenue
Chester, Pennsylvania 19013

Dear Mr. Salazare:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 9, 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", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

PCH Name: UNIVERSAL HEALTH RECOVERY CENTER		License Number: 188360
Address: 2000 PROVIDENCE AVENUE, CHESTER, PA 19013		County: Delaware
Administrator: Mary Deitch		Region: SOUTHEAST
Legal Entity Name: UNIVERSAL HEALTH RECOVERY CENTERS INC		
Legal Entity Address: 2001 PROVIDENCE AVENUE, CHESTER, PA 19013		
Certificate(s) of Occupancy C-2 LP 02/00/1984 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 10 Waking Staff: 8		
Type of Inspection: Full Reason(s) for Inspection(s): Renewal		BHA Docket Number: Notice: Unannounced
On-Site Inspections Dates and Department Representatives On-Site 01/09/2013; O'Pake, Hope; McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 16 Number of Residents Served: 10 Secured Dementia Care Unit In Home: No Arms: Secured Dementia Unit Capacity: [REDACTED]	Number of Residents who: [REDACTED]	

Violation Report: 18838 - 01/09/2013 - OPako, Hope
PGH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 55 Pa. Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident 1 was not signed by the resident or Administrator.

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 will ensure that all documents are signed. Charts will be checked after admissions process is complete by the Administrator of the home.

3/4/13 - Chart checks for compliance will be presented in monthly Performance Improvement Committee meeting.
- Ct number was discharged from program.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Deitch

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

Mary Deitch, Director

Date
2/11/13

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

The above plan of correction is approved as of 3/5/13
(Date)

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

- Plan of correction implementation status as of 3/5/13 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 18830 - 01/09/2013 - DPake, Hope
POH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 65 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Clients do sign indicating receipt of all appendices of the Contract, including the resident rights. However, signature line was only at the end of the appendices. All appendices, including resident rights, have been amended to have a signature line at the end of each.

Resident 1 is no longer in the Home.

new
3/5/13


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) Mary Deith JD PhD Director Date 2/11/13

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

The above plan of correction is approved as of 2/5/13
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 2/5/13
(Date)

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

Violation Report: 10886 - 01/09/2013 - OPake, Hope
PCH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 65 Pa.Code §2600
2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

The home has an initial "blackout" period for ten days upon admission, during which residents are expected to not use the telephone.

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.

Clients sign and acknowledge documentation that they have the right the use the phone at all times and in privacy and staff will assist them in making calls in private, as needed, as the phone is in a public location. Clients may follow clinical recommendation and community recommendation that they not use the phone to distract upon initial entry into treatment. Clients will be reminded that the clinical recommendation is a recommendation and that they have the right under the regulations to use the phone. Many clients currently do so including resident 3 who was interviewed as [redacted] was calling [redacted] children during the "blackout." While the home does not feel that this is a violation, clients will be reminded of this right.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mary Deitch*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Deitch, ID and Director* Date: *2/11/13*

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The above plan of correction is approved as of *2/26/13*
(Date)

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

Plan of correction implementation status as of *2/26/13*
(Date)

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

Violation Report: 18636 - 01/09/2013 - O'Pake, Hebe
FCH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 55 Pa. Code §2600

2600.42(l) - A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

2a. DESCRIPTION OF VIOLATION

The home confiscated Resident 1's Iphone on 11/27/12, ipod shuffle on 12/21/12, and Iphone 6 on 1/3/13, stating that these are contraband items.

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.

Clients voluntarily ask the home to keep cell phones, computers and other internet capable devices due to the nature of their treatment. The inventory of belongings form is kept in respect to Regulation 2600.252 (18 and 19). Inventory of Belongings form changed and removed the word "contraband." Clients support plans will also indicate the need, per medical direction and psychiatric needs, for clients to not engage in internet activity as needed.

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)

Mary Deitch JD PsyD Director

Date 2/11/13

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

The above plan of correction is approved as of 2/20/13
(Date)

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

Plan of correction implementation status as of 2/20/13
(Date)

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

Violation Report: 18828 - 01/09/2013 - O'Pake, Hope
PCH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 55 Pa. Code 92600
2600.42(o) - A resident has the right to freely associate, organize and communicate with others privately.

2a. DESCRIPTION OF VIOLATION
The home has residents sign a statement that they do not "want" any visitors in their rooms and does not allow residents to have visitors in their bedrooms.

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 form in question has been eliminated. The house rules have been changed to address the need for clients to not enter other clients' rooms without permission and presence of the client who has been assigned to that room.

All residents have been informed of this change
Jan

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Seitch

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

Mary Seitch JD By Director

Date 2/11/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/20/13
(Date)

Plan of correction implementation status as of 2/5/13
(Date)

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

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

Violation Report: 18836 - 01/09/2013 - OPake, Hope
PCH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 66 Pa.Code §2800
2600.42(a) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2b. DESCRIPTION OF VIOLATION
The home assigns residents one to two "chores" to be completed daily. The home does not have documentation to demonstrate that the residents are compensated in accordance with State and Federal labor laws.

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 does not assign residents chores. As per the interview with the residents that was conducted by the investigator, the clients assign themselves to small chores such as emptying the dishwasher. The home does support the community in this. Clients will be encouraged to submit their "time" at the end of each week and compensation will be given accordingly. Proper documentation will be kept on the form that the client's submit and maintained in the chart.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Deitch*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary Deitch JD Board Director

Date 2/11/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2/26/13 (Date)

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

Plan of correction implementation status as of 2/26/13 (Date)

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

Violation Report: 18838 - 01/08/2013 - OPAke, HOpa
POH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 85 Pa.Code §2600

2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident 1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Clients do sign indicating receipt of all appendices of the Contract, including the resident rights. However, signature line was only at the end of the appendices. All appendices, including resident rights, have been amended to have a signature line at the end of each.

Resident 1 no longer in the HOME
Clem
3/5/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Deitch

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

Mary Deitch, DRPH Director

Date 2/11/13

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

The above plan of correction is approved as of 3/5/13
(Date)

Plan of correction implementation status as of 3/5/13
(Date)

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

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

Violation Report: 18938 - 01/09/2013 - OFake, Hope
PGH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 85 Pa. Code §2600

2600.229(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's description of services does not address the criteria for admission.

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 Contract has been updated to include more specific admission and discharge criteria as well as updates have been made to the policy.

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)

Mary Deitch JD, PhD, Director

Date 2/11/13

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

The above plan of correction is approved as of

2/16/13
(Date)

Plan of correction implementation status as of

2/16/13
(Date)

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

The above plan of correction was approved by

CEM
(Initials)

Violation Report: 18938 - 01/09/2013 - O'Pake, Hope
PCH Name: UNIVERSAL HEALTH RECOVERY CENTER

1. REGULATION 56 Pa. Code §2900
2600.226(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

-The assessment for Resident 1, completed on 11/27/12, does not address the resident's diagnosis of major depression.
-The assessment for Resident 2 does not address diagnosis of Obsessive Compulsive Disorder and sinus allergies.

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 support plan will be updated after psychiatric and clinical intake is complete. Director will complete chart reviews weekly to ensure that updates are being added to the support plan.

3/4/13 - all chart checks for compliance will be presented at monthly Performance Improvement meetings.
Residents 1+2 are no longer in the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Deitch

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

Mary Deitch JD Payr Director

Date 2/1/13

DEPARTMENT USE ONLY: HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 3/5/13 (Date)

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

- Plan of correction implementation status as of 3/5/13 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented