

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to 450 EAST PHILADELPHIA AVENUE OPERATIONS LLC
LEGAL ENTITY

To operate MIFFLIN COURT
NAME OF FACILITY OR AGENCY

Located at 450 EAST PHILADELPHIA AVENUE, SHILLINGTON, PA 19607
(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 67
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 April 2, 2013 until April 2, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 222060

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

MAR 26 2013

Ms. Carole Duggan, Executive Director
450 East Philadelphia Avenue Operations LLC
Mifflin Court
450 East Philadelphia Avenue
Shillington, Pennsylvania 19607

Dear Ms. Duggan:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 31, 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: 22206 - 01/31/2013 - Hummel, Jesse
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on 10/2/2012. Direct care staff person A does not have a high school diploma, GED Diploma, or active status on the Pennsylvania nurse aide registry.

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.

54a

Staff person A did not have GED approved by Pennsylvania Department of Education. Staff Person A was taken off Nursing Schedule 2/1/13 after receiving call from Jesse Hummel of DPW. The corrected schedule was immediately faxed to DPW for review. Staff person A was contacted by Resident Care Director via telephone on 2/1/13. Procedure was explained to Staff person A on DPW requirements and timeline to obtain a valid GED. On 2/12/13 a certified letter was sent to staff person A with directions and deadline on GED enrollment (see attached letter and receipt). Plan of correction effective immediately all direct care staff at time of hire will be monitored for an approved Pennsylvania Department of Education diploma or GED by Business Office Manager or/ designee.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CAROLE DUGGAN EXECUTIVE DIRECTOR	Date 2/13/13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

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

Plan of correction implementation status as of 3/7/13
 (Date)

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

Violation Report: 22206 - 01/31/2013 - Hummel, Jesse
 PCH Name: MIFFLIN COURT

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill records indicate that a drill was held on 7/20/12 at 5:55am. The fire drill logs document that there were 56 residents in the home when the alarm sounded, however only 29 residents were evacuated to fire safe areas. An interview with Administrator B determined that all 56 residents were evacuated to the fire safe areas within the home during the fire drill and therefore the fire drill record was incorrectly documented.

The home's fire drill record does not include the specific time of day for the fire drill conducted on 8/20/12. The fire drill records indicate that the fire drill was held at 9:22. The log does not designate whether the drill was held at 9:22am or 9:22pm.

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.

132c
 Fire drill log must have accurate descriptions at all times to ensure safe and effective monthly fire drills. Fire drill log was corrected at time of inspection by staff person B on 1/31/13 by adding AM to time of fire drill on 8/20/12 and changing 29 residents evacuated to the corrected number of residents evacuated of 56 on fire drill log on 7/20/12. Plan of correction effective immediately will be to use only military time on fire drill log. Fire drill log will be rechecked monthly by Executive Director or/ designee.

*The Administrator will monitor monthly for ongoing compliance -
 m
 3/7/13*

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

Signature of Legal Entity Representative:
 (Required on EVERY Page) *Carole Duggan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CAROLE DUGGAN EXECUTIVE DIRECTOR* Date *2/13/13*

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

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

Plan of correction implementation status as of 3/7/13
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- Partially Implemented - Inadequate Progress
- Not Implemented