

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HARRISON SENIOR LIVING OF COATESVILLE LLC
LEGAL ENTITY

To operate HARRISON SENIOR LIVING OF COATESVILLE
NAME OF FACILITY OR AGENCY

Located at 300 STRODE AVENUE, COATESVILLE, PA 19320
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 80
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 22, 2013 until February 22, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 105660

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 22 2013

Ms. Jean C. Bryan, Executive Director
Harrison Senior Living of Coatesville, LLC
Harrison Senior Living of Coatesville
300 Strode Avenue
Coatesville, Pennsylvania 19320

Dear Ms. Bryan:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 17, 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.

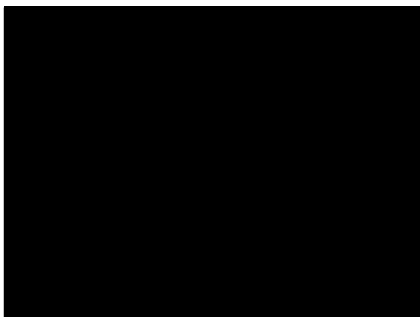
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: HARRISON SENIOR LIVING OF COATESVILLE		License Number: 105660
Address: 300 STRODE AVENUE, COATESVILLE, PA 19320		County: Chester
Administrator: Jean Bryan		Region: CENTRAL
Legal Entity Name: HARRISON SENIOR LIVING OF COATESVILLE LLC		
Legal Entity Address: 300 STRODE AVENUE, COATESVILLE, PA 19320		
Certificate(s) of Occupancy Other 11/03/1986 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/17/2013: Chou, Serena; Gensil, Lori 01/18/2013: Chou, Serena; Gensil, Lori		
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: 80 Number of Residents Served: 60 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	

RECEIVED

FEB 05 2013

CENTRAL REGION FIELD OFFICE
Human Services Licensing

Violation Report: 10566 - 01/17/2013 - Chou, Serena
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

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.

2. DESCRIPTION OF VIOLATION

On 1/18/2013, one blue, oval pill was found in the bottom drawer of the medication cart in the third floor medication room.

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.

see attached sheet - page 2A of 3, -be

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean C. Bryan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JEAN C. BRYAN EXECUTIVE DIRECTOR* Date *2/5/2013*

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

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

Verification of Legal Entity Representative Signature *2-5-13*
 (Date)

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

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

February 5, 2013
Harrison Senior Living of Coatesville
Regulation 55 Pa. Code 2600

GE

Regulation 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.

Violation – On 1/18/2013 one blue oval pill was found in the bottom drawer of the medication cart in the third floor medication room.

Plan of Correction

1. Small blue pill was removed immediately from medication cart on third floor.
2. On 1/18/2013, the Director of Resident Services checked all of the medication carts and no other loose pills were found. Direct care staff will be re-in-serviced on the proper sanitation, temperature, moisture and light of medications, OTC medications and CAM by the Director of Staff Development and the Director of Resident Services by 2/6/2013.
3. Facility Policy was modified to have the night shift staff (10pm – 6am) complete a nightly sweep of the medication carts to ensure that medication has not dropped in the drawer during administration or that medication has not come out of packaging.
4. Director of Resident Services, or designee, will monitor monthly medication cart sweeps and will be added to the quality management program by 2/1/2013.

Jean C. Bryan
Signature

2/5/2013
Date

Violation Report: 10566 - 01/17/2013 - Chou, Serena
PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION
Resident #1's Ropinirole was not available from 12/1/2012 to 12/2/2012; and Tamsulosin was not available on 12/10/2012.

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.

See attached sheet - Page 3A of 3 - SE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jean C. Bryan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jean C. Bryan EXECUTIVE DIRECTOR* Date *2/5/2013*

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

The above plan of correction is approved as of 1-5-13
(Date)

Verification of Legal Entity Representative Signature 1-5-13
(Date)

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

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

February 5, 2013
Harrison Senior Living of Coatesville
Regulation 55 Pa. Code 2600

Page 3 A of 3

Regulation 2600.187(d) – The home shall follow the directions of the prescriber. GE

Violation – Resident #1's Ropinirole was not available from 12/1/2012 to 12/2/2012 and Tamsulosin was not available on 12/10/2012.

Plan of Correction

1. On 1/18/2013, Director of Resident Services checked all medications and found that adequate supplies were on hand.
2. Direct care staff will be re-in-serviced by the Director of Staff Development and the Director of Resident Services by 2/6/2013 on the proper ordering of prescription medications to be available at prescribed times. Direct care staff will be instructed by the Director of Staff Development and the Director of Resident Services on identifying medications that need to be re-filled and ordering them five to seven days prior to them running out so that the refill is available in the facility ahead of the prescribed times.
3. Director of Resident Services, or designee, will check the pharmacy reports weekly to ensure that medications have been reordered.

Jean C. Bryan
Signature

2/5/2013
Date