

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS  
LEGAL ENTITY

To operate SOUTHEASTERN VETERANS' CENTER  
NAME OF FACILITY OR AGENCY

Located at ONE VETERANS' DRIVE, 4TH FLOOR, SPRING CITY, PA 19475  
(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 54  
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 March 27, 2013 until March 27, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations

No: 138370

*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 28 2013**

Mr. Paul M. Cain, Interim Commandant  
Department of Military and Veterans' Affairs  
Southeastern Veterans' Center  
One Veterans' Drive, 4<sup>th</sup> Floor  
Spring City, Pennsylvania 19475

Dear Mr. Cain:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 11, 2013 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed personal care home will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish that looks like "198".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 13837 - 03/11/2013 - Gensli, Lori  
 PCH Name: Southeastern Veterans' Center

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2a. DESCRIPTION OF VIOLATION**

The emergency evacuation diagrams do not include fire extinguishers and pull stations.

**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 evacuation diagram of each floor was corrected and now displays line of travel to exit doors and location of the fire extinguishers and pull signals. The diagrams are on display in conspicuous and public places on each floor. The diagrams will remain on display in conspicuous and public places in secured frames on the wall by the elevator bank and across from each of the two nurses stations. The diagram will be reviewed annually and as needed by the administrator as well as the Institutional Fire Safety Specialist. The Institutional Fire Safety Specialist will update and maintain these emergency evacuation diagrams of each floor to prevent future violations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Catherine Sanker, Personal Care Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Catherine Sanker, Personal Care Administrator	Date
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3-20-13  
 (Date)

Plan of correction implementation status as of 3-20-13  
 (Date)

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

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