

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HEATHERWOOD RETIREMENT INVESTORS LLC
LEGAL ENTITY

To operate HEATHERWOOD RETIREMENT COMMUNITY
NAME OF FACILITY OR AGENCY

Located at 3180 HORSESHOE PIKE, HONEY BROOK, PA 19344
(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 50
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 June 3, 2013 until June 3, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations

No: 104550

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



JUN 03 2013

Ms. Joan E. Thurmond, Assistant Secretary
Heatherwood Retirement Investors, LLC
3570 Keith Street NW
Cleveland, Tennessee 37312

RE: Heatherwood Retirement Community
3180 Horseshoe Pike
Honey Brook, Pennsylvania 19344

Dear Ms. Thurmond:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 20, 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,

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 13121 - 02/21/2013 - OPAke, Hope	
PCH Name: HEATHERWOOD RETIREMENT COMMUNITY	
1. REGULATION 65 Pa.Code §2600 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	
2a. DESCRIPTION OF VIOLATION The support plan for Resident #1 is not dated.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>In response to the recent survey which took place February 20th and 21st of 2013, the following updates have been instituted in reference to citation number 55 Pa Code Chapter 2600.</p> <p>Completion of resident service plan occurred on March 1, 2013 per Director of Resident Care.</p> <p>With respect to the specific resident's cited, citation number 55 Code Chapter 2600, the Director of Resident Care has instituted a new policy in reference to resident service plans on March 1, 2013.</p> <p>With respect to how the facility will identify resident's with the potential for the identified concern and take corrective action, the Director of Resident Care will establish a list of all resident's in the facility who have a service plan.</p> <p>With respect to what systematic measures have been put in place to address the stated concern, the Director of Resident Care will audit service plans to ensure all resident and assessor's signatures are complete, along with the date of the signature.</p> <p>With respect to how the plan of corrective measure will be monitored, a subsequent audit will be completed by the Assistant Director of Nursing by the 15th of the month. This audit will confirm that resident and assessor's signature are in place along with the date of the signature's.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Natalie Duran</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Natalie Duran</i> Director of Resident Care	
Date <i>3-11-13</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3-25-13</u> (Date)	Plan of correction implementation status as of <u>3-25-13</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented