

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARC BRANDYWINE LP LEGAL ENTITY

To operate THE INN AT FREEDOM VILLAGE NAME OF FACILITY OR AGENCY

Located at 25 FREEDOM BOULEVARD, WEST BRANDYWINE, PA 19320  
(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 25 (MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

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 20, 2013 until June 20, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 118750

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.



JUN 20 2013

Mr. John P. Rijos, Co-President  
ARC of Brandywine, LP  
35 Freedom Boulevard  
West Brandywine, Pennsylvania 19320

RE: The Inn at Freedom Village  
25 Freedom Boulevard  
West Brandywine, Pennsylvania 19320

Dear Mr. Rijos:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 26, 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: 11875 - 02/26/2013 - Minnich, Ron  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff Person A, hired on 3/05/12, did not receive orientation in any of the required elements, prior to or during the first work day.

**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.*

Staff person A attended New Hire orientation on 3/5/2012 prior to first day of resident care.

Signed agenda form was misplaced in another staff person's file in Human Resources. Former Director of Human Resources misfiled form after orientation.

Signed form found later in day of inspection 2/26/2013 and forwarded the next morning to department.

All associate signed forms will be filed by Human Resources Assistant only. Copies of Regulatory required form will be kept in Personnel file with Supervisor as well, for easier access and to maintain compliance with regulation

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Debra Jatman LPW PCHA

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Debra Jatman LPW PCHA Date 4-1-13

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

The above plan of correction is approved as of 4-24-13  
 (Date)

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

Plan of correction implementation status as of 4-24-13  
 (Date)

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

Violation Report: 11875 - 02/26/2013 - Minnich, Ron  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Staff Person A, hired on 3/05/12, did not receive any training of the required elements during the first 40 scheduled working hours.

**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.*

Staff person A attended New Hire orientation on 3/5/2012 prior to first day of resident care.

Signed agenda form was misplaced in another staff person's file in Human Resources. Former Director of Human Resources misfiled form after orientation.

Signed form found later in day of inspection 2/26/2013 and forwarded the next morning to department.

All associate signed forms will be filed by Human Resources Assistant only. Copies of Regulatory required form will be kept in Personnel file with Supervisor as well, for easier access and to maintain compliance with regulation

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Debra Satman LPN PCHA*

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

*Debra Satman LPN PCHA*

Date *4-1-13*

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

The above plan of correction is approved as of 4-24-13  
 (Date)

Plan of correction implementation status as of 4-24-13  
 (Date)

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

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

Violation Report: 11875 - 02/26/2013 - Minnich, Ron  
 PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff Person B, hired on 7/23/12, has performed unsupervised ADL services. Staff Person B has not completed the on-line training course and competency test.

**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.*

Staff person B worked at prior employer from 3/31/2004 until 11/12/2012 (attached and was maintained in file). Regulation 65d under the discussion section states anyone hired prior to April 24, 2006 who has not had more than a year break in service is exempt from 65d #2. Our interpretation was that they would be grandfathered at any employer as long as there wasn't a break in service of a year or longer. After Clarification from PA DPW, It is now our understanding all unlicensed staff must meet the requirement of completion and passing the Direct Care Staff Competency training and test listed in 65d. Staff Person B has successfully completed and passed her test. Certificate is attached. Documentation of training will be completed and maintained in associate's personnel file

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Debra Dotman LPN PCHA

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Debra Dotman LPN PCHA Date 4-1-13

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

The above plan of correction is approved as of 4-24-13  
 (Date)

Plan of correction implementation status as of 4-24-13  
 (Date)

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

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

Violation Report: 11875 - 02/26/2013 - Minnich, Ron  
PCH Name: THE INN AT FREEDOM VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Staff Person C did not receive training from a fire safety expert during the 2012 training year.

**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.*

Staff person C did not receive her training from a fire safety expert during the 2012 year.

Our Facilities Director will be obtaining certificate of training as a fire safety expert through an DPW designated appropriate training course.

All future Fire Safety Trainings for 2013 will be completed by our Facility Director (once certified) or our Fire safety Expert Robert Mueller.

Documentation of training will be completed and maintained in the associate's personnel file.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Debra Gattman LPN PCHA*

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

*Debra Gattman LPN PCHA*

Date *4-1-13*

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

The above plan of correction is approved as of 4-24-13  
(Date)

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

Plan of correction implementation status as of 4-24-13  
(Date)

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