

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LANDIS HOMES RETIREMENT COMMUNITY

LEGAL ENTITY

To operate LANDIS HOMES RETIREMENT COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 1001 EAST OREGON ROAD, LITITZ, PA 17543

(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 124
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 16

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: 321770

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. Eva J. Bering, Vice President
Landis Home Retirement Community
1001 East Oregon Road
Lititz, Pennsylvania 17543

Dear Ms. Bering:

As a result of the Department of Public Welfare's licensing inspection on March 5, 2013, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky". The signature is stylized with a prominent vertical stroke and a horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: LANDIS HOMES RETIREMENT COMMUNITY		License Number: 321770
Address: 1001 EAST OREGON ROAD, LITITZ, PA 17543		County: Lancaster
Administrator: Susan Paul		Region: CENTRAL
Legal Entity Name: LANDIS HOMES RETIREMENT COMMUNITY		
Legal Entity Address: 1001 EAST OREGON ROAD, LITITZ, PA 17543		
Certificate(s) of Occupancy		
I-1 12/26/2006 Manheim Township	I-1 10/31/2008 Manheim Township	C-1 10/16/1998 DOH
Staffing Hours		
Resident Support: Ntn	Total Daily Staff: 124	Waking Staff: 93
Type of Inspection: Full	BHA Docket Number: NA	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/05/2013: Riel, Becky; Rosenblat, Dale; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAR 22 2013</p> <p>Human Services Licensing</p>		
Other Details		
Partial or Full Triggers: NA		Random Indicators: NA
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 124 Number of Residents Served: 101 Secured Dementia Care Unit in Home: Yes Area: Lititz House Secured Dementia Unit Capacity, if Applicable: 16 Number of Residents Served in Secured Dementia Care Unit, if applicable: 16 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 101 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 23 Have a Physical Disability: 0	
<p>RECEIVED</p> <p>MAR 19 2013</p>		

Violation Report: 32177 - 03/05/2013 - Riel, Becky

PCH Name: LANDIS HOMES RETIREMENT COMMUNITY

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

Direct Care Person A did not receive training in falls and accident prevention during training year 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.

- ① Education will be provided to team members on March 15 and March 26 by the Personal Care Administrator. Education will include a review of the 2013 staff training plan with special emphasis on the required Department of Public Welfare training topics. Team members will be given a hard copy of the training plan. This plan will assist them in monitoring their monthly progress.
- ② Personal Care Administrator will also review with staff how to access their monthly training compliance reports electronically. This access will enable staff to monitor their own compliance. This training will be conducted during the March 15 and 26 education.
- ③ The Personal Care Administrative Assistant will monitor training for compliance. Monthly alerts will be sent to team members with any overdue training. Alerts will be sent via email or care tracker messages.
- ④ All required training will be complete by November 30, 2013. Team members with incomplete training after November 30 will be removed from the schedule and will not be placed back on the schedule until required training is complete.
- ⑤ Staff member A did receive training on Falls and Accident Prevention on January 18, 2013.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Handwritten signature

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

Eric J. BELINE

Date 3-19-2013

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

The above plan of correction is approved as of

3/21/13
(Date)

Plan of correction implementation status as of

3/21/13
(Date)

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

The above plan of correction was approved by

Handwritten initials
(Initials)