

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARDEN COURTS SUSQUEHANNA OF HARRISBURG PA LLC

LEGAL ENTITY

To operate ARDEN COURTS OF SUSQUEHANNA

NAME OF FACILITY OR AGENCY

Located at 2625 AILANTHUS LANE, HARRISBURG, PA 17110

(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 64

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 64

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: 324310

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.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 20 2013

Mr. Barry A. Lazarus, Vice President
Arden Courts Susquehanna of Harrisburg PA, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of Susquehanna
2625 Ailanthus Lane
Harrisburg, Pennsylvania 17110

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 9, 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: 32431 - 04/09/2013 - Rouse, McKinley
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the fire drill conducted 06/11/2012, at 6:00AM does not list the number of the residents in the home, the number of residents that evacuated or the evacuation routes that were used.

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 Building Services Coordinator was in-serviced by the ED on the correct documentation of the fire drills, including all fire drills when alarm is activated and completion of the information required in Regulation 132, i.e. number of residents in the home, number of residents that evacuated, and the evacuation routes that were used. (See attached in-service, fire drill record, and sign-in sheet) *on 4/26/13. -BE*

The fire drill records will be reviewed monthly by the Executive Director for compliance with Regulation 132c beginning May 2013. The fire drill records will also be reviewed quarterly during the Quality Management meetings beginning in July 2013.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Brandon Smeltzer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brandon Smeltzer, Executive Director</i>	Date <i>5/10/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-16-13</u> (Date)	Plan of correction implementation status as of <u>5-16-13</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

Violation Report: 32431 - 04/09/2013 - Rouse, McKinley
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION *and 8/8/12*

The home's fire safety letter dated 08/09/2011 gives a safe evacuation time of 8 minutes and 10 seconds for the fire safe areas. During the fire drill conducted on 05/22/2012, all of the residents evacuated to the fire safe areas; however, the evacuation time was 9 minutes.

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 Building Services Coordinator was in-serviced by the Executive Director regarding the allocated time in which to complete a fire drill. (See attached in-service, fire drill record, and sign-in sheet)

The fire drill records will be reviewed monthly by the Executive Director for compliance with allotted fire drill time beginning May 2013. The fire drill records will also be reviewed quarterly during the Quality Management meetings beginning in July 2013.

The home will provide training for all staff, reviewing evacuation routes and recommendations from the fire safety expert on a date, yet to be determined. Documentation of the training will be kept. - BE

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative *Brandon Smeltzer*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Brandon Smeltzer, Executive Director* Date *5/10/13*
 (Required on EVERY Page)

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Violation Report: 32431 - 04/09/2013 - Rouse, McKinley
 PCH Name: ARDEN COURTS OF SUSQUEHANNA

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.

2a. DESCRIPTION OF VIOLATION
 On 04/09/2013, there were 4 opened and undated insulin pens stored in the Garden House 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.

The insulin pens were labeled with the residents name, the date the pen was opened and the date the pen expires on April 9, 2013 at the suggestion of the surveyor. The pens were then placed in the boxes they were delivered in and the boxes were then placed in individual bags with the residents name on them on April 9, 2013 at the suggestion of the surveyor.

The Resident Services Coordinator and Supervisors were in-serviced by the Executive Director on Regulation 183e regarding proper storage of medications, including insulin pens, on 5/03/13. -BE

Medications will be audited weekly by the Resident Services Coordinator or designee; including requirements included in Regulation 183e beginning the week of May 6, 2013.

(See attached in-service, medication cart audit, and sign-in sheet)

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) *Brandon Smeltzer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brandon Smeltzer, Executive Director* Date *5/10/13*

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 (Date)

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

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