



JUL 05 2013

Mr. Robert Rundle, President/CEO
Lutheran Social Services of South Central Pennsylvania
1050 Pennsylvania Avenue
York, Pennsylvania 17404

RE: The Village at Kelly Drive
750 Kelly Drive
York, Pennsylvania 17404

Dear Mr. Rundle:

As a result of the Department of Public Welfare's licensing inspection on May 14, 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.

Your regular license for the period of June 16, 2013 to June 16, 2014 was issued on March 7, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 35064 - 05/14/2013 - Hoover, Douglas
 PCH Name: THE VILLAGE AT KELLY DRIVE

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 5/14/13, the facility's census was 68 residents which requires 2 staff persons certified in first aid and CPR. Staff person A was scheduled for the 11:00 pm - 7:00 am shift on 5/12/13 but was not certified in first aid and CPR. Only one staff person, certified in first aid and CPR, worked the 11:00 pm - 7:00 am shift on 5/12/13. The census was not below 50 residents during this time period.

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.

- Immediately following our DPW inspection, on May 14, 2013, Administrator/Executive Director discussed violation with Health Services Manager (who is also our CPR instructor). A CPR class was conducted for "Staff person A", on May 14, 2013, at 10:00pm.
- Administrator/Executive Director re-educated Health Services Manager on DPW Regulation 2600.63a.
- Health Services Manager will ensure compliance with proper ratio of CPR certified staff : residents, when completing the Direct Care Staff schedule, ongoing.
- Health Services Manager will ensure that all CPR training is completed in a timely manner and proper record keeping is maintained, on an on-going basis. Monthly audit will be conducted by Administrator/Executive Director.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Pam Conrad

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Pam Conrad, Executive Director</u>	Date <u>5/23/2013</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/29/13</u> (Date)	Plan of correction implementation status as of <u>5/29/13</u> (Date)
The above plan of correction was approved by <u>JR</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