



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 26, 2013

Ms. Karen Kehler, Executive Director
227 Evergreen Road Operations, LLC
227 Evergreen Road
Pottstown, Pennsylvania 19464

RE: Sanatoga Court

Dear Ms. Kehler:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 7, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer". The signature is fluid and cursive.

Roslyn Brewer
Regional Licensing Administrator

Enclosure(s)
Licensing Inspection Summary

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

PCH Name: SANATOGA COURT		License Number: 13614
Address: 227 EVERGREEN ROAD, POTTSTOWN, PA 19464		County: Montgomery
Administrator: Karen Kehler		Region: SOUTHEAST
Legal Entity Name: 227 EVERGREEN ROAD OPERATIONS LLC		
Legal Entity Address: 227 EVERGREEN RODA, POTTSTOWN, PA 19464		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 98	Waking Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/07/2013: Kurtz, Andrea		
Off-Site Inspection Dates and Inspectors, if Applicable 06/07/2013: Kurtz, Andrea		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85 Number of Residents Served: 66 Secured Dementia Care Unit in Home: Yes Area: Homestead 1 and 2 Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 27 Number of Current Hospice Residents: 3 Number of Hospice Residents In past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 2	

Violation Report:

PCH Name: SANATOGA COURT

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

- According to Resident #1 during the fire drill of May 25, 2013, the resident did not evacuate to a public thoroughfare or a fire safe area.
 - According to Staff person A, during the fire drill of May 25, 2013, Resident #2 did not evacuate to a public thoroughfare or a fire safe area.

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.

On May 25, 2013 Sanatoga Court held a fire drill on 11 - 7 shift. It was performed by outside vendor who was hired to do drills. The executive Director interviewed staff. The contractor performing the fire drill stopped the drill prematurely. When staff approached him to say not all residents had been evacuated, he said it was OK that everyone was not out.

On May 29, 2013 the entire staff was in-serviced. At that in-service the fire drills were reviewed with emphasis on evacuating all residents. Meeting Minutes and staff sign in sheet were given to inspector at time of visit. (see attached)

Executive Director called the company that was hired to perform drills to verify the discrepancies. After further discussion it was decided to end the contract with this fire safety company as they were not meeting regulation 132. Please see enclosed letter sent to Fire Company.

Fire drill will be monitored on an ongoing basis by Executive Director/ Maintenance director / Designee to ensure all drills meet the regulation 132.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Karen Kehler

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

Karen Kehler Executive Director

Date *7/15/13*

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

The above plan of correction is approved as of

7/18/13
 (Date)

Plan of correction implementation status as of

7/18/13
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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