



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 30 2013

Mr. Mark W. Ohlendorf, Co-President  
ARC Brandywine, LP  
111 Westwood Place, Suite 200  
Brentwood, Tennessee 37027

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

Dear Mr. Ohlendorf:

As a result of the Department of Public Welfare's licensing inspection on July 9, 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 2600 must be maintained.

Your regular license for the period September 20, 2013 to September 20, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a stylized flourish at the end.

Ronald Melusky  
Director

Enclosure  
License Inspection Summary



Violation Report: 12600 - 07/09/2013 - OPake, Hope  
 PCH Name: THE GARDENS AT FREEDOM VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

- The medication administration record for Resident #1 does not include signatures on the key for Staff Member A and Staff Member B.
- The medication administration record for Resident #2 does not include a signature for Staff Member B.

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.

- A Master Signature Log that will record the names and initial of the staff person administering the medication will be placed in the front of each medication binder. Initiated on August 1, 2013
- All associates who administer medications will sign the back of each MAR with their name and initials as required by policy and standards. Initiated on August 1, 2013
- The Health and Wellness Director and/or the Resident Care Coordinator will monitor the master signature log and MAR to ensure that each associate has signed and initialed each document before the first administration for the month. Initiated on August 1, 2013

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *David J. Maciejewicz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) DAVID J. MACIEJEWICZ Date 08/19/2013

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

The above plan of correction is approved as of <u>8-21-13</u> (Date)	Plan of correction implementation status as of <u>8-21-13</u> (Date)
The above plan of correction was approved by <u>DE</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