



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

Mr. Steven J. Reiter, President/CEO
Stoneridge Retirement Living
440 East Lincoln Avenue
Myerstown, Pennsylvania 17067

RE: Stoneridge Poplar Run
450 East Lincoln Avenue
Myerstown, Pennsylvania 17067

Dear Mr. Reiter:

As a result of the Department of Public Welfare's licensing inspection on July 16, 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).

Your regular license for the period September 11, 2013 to September 11, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

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

PCH Name: STONERIDGE POPLAR RUN		License Number: 30899
Address: 450 EAST LINCOLN AVENUE, MYERSTOWN, PA 17067		County: Lebanon
Administrator: Sharon Hoke		Region: CENTRAL
Legal Entity Name: STONERIDGE RETIREMENT LIVING		
Legal Entity Address: 440 EAST LINCOLN AVENUE, MYERSTOWN, PA 17067		
Certificate(s) of Occupancy C-1 11/04/1993 Dept. of Health		
Staffing Hours Resident Support: 0 Total Daily Staff: 27 Working Staff: 20		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/16/2013: OPake, Hope; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>AUG 01 2013</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 36 Number of Residents Served: 27 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 30899 - 07/16/2013 - OPake, Hope
 PCH Name: STONERIDGE POPLAR RUN

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On July 16, 2013, the 1991 Champion 21 passenger vehicle used to transport residents did not have disposable gloves, tweezers, eye coverings, breathing shield or thermometer in the first aid kit.

On July 16, 2013, the 1998 Ford wheelchair van did not have a breathing shield or antiseptic in the first aid kit.

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.

First Aid Kit containing non-porous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers (2600.96) have been placed in each transport vehicle with a contents list.

The contents will be reviewed as part of regular preventative maintenance for compliance 1 (one) time per month for 3 months and then quarterly on an ongoing basis, by Administrator or designee. -EE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Bradford Weiser, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bradford Weiser, NHA</i>	Date <i>8/1/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-7-13
 (Date)

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

Plan of correction implementation status as of 8-7-13
 (Date)

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