

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REGAL MANOR LLC LEGAL ENTITY

To operate THE LELAND OF LAUREL RUN NAME OF FACILITY OR AGENCY

Located at 120 WEST MAIN STREET, WAYNESBORO, PA 17268 (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 62 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 22

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 November 26, 2013 until November 26, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 329940

Robert E. Robinson
ISSUING OFFICER


ACTING 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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 26 2013

Mr. Howard Holben, CFO
Regal Manor LLC
120 West Main Street
Waynesboro, Pennsylvania 17268

RE: The Leland of Laurel Run
License #: 329940

Dear Mr. Holben:

As a result of the Department of Public Welfare's licensing inspection on October 8, 2013 and November 20, 2013, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

As a result of your facility's recent adjustment of the use of physical space, we are revising your licensed capacity.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones" followed by a stylized flourish or initials.

Matthew J. Jones
Acting Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 32994 - 11/20/2013 - McCloskey, Jason
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 There is no grab bar next to the walk-in shower stall in Room 412.

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.

Facility maintenance staff installed the shower grab bar in room 412 while the surveyor was present in the building.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Ellen Doub NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ellen Doub, Administrator* Date *11/21/13*

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

The above plan of correction is approved as of <u>11-22-13</u> (Date)	Plan of correction implementation status as of <u>11-22-13</u> (Date)
The above plan of correction was approved by <u><i>ED</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32994 - 11/20/2013 - McCloskey, Jason
 PCH Name: THE LELAND OF LAUREL RUN

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The hallway outside of Rooms 404 and 405 does not have a direct visual line of sight to the exit at the front of the home next to the nursing office.

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.

At the time the surveyors were present, the facility staff posted a red EXIT sign outside rooms 404 and 405 to insure a distinct visual line of sight to the exit at the front of the home next to the nursing office.

Facility will install lighted exit signs to replace the paper ones.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ellen Dows NHA

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

Ellen Dows, Administrator

Date *11/21/13*

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

The above plan of correction is approved as of 11-22-13
 (Date)

Plan of correction implementation status as of 11-22-13
 (Date)

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

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