



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 28 2014

Mr. Frederick D. Kessler, President
Leeds Health Care Services Inc.
60 Neitz Road, PO Box 32
Northumberland, Pennsylvania 17857

RE: Nottingham Village Retirement Center
License #: 202130

Dear Mr. Kessler:

As a result of the Department of Public Welfare's licensing inspection on February 6, 2014, 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).

Your regular license for the period April 26, 2014 to April 26, 2015 was issued on January 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
Licensing Inspection Summary

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

PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER		License Number: 20213						
Address: 60 NEITZ ROAD PO BOX 32, NORTHUMBERLAND, PA 17857		County: Northumberland						
Administrator: KIMBERLY GOLDER		Region: NORTHEAST						
Legal Entity Name: LEEDS HEALTH CARE SERVICES INC								
Legal Entity Address: PO BOX 32, NORTHUMBERLAND, PA 17857								
Certificate(s) of Occupancy <table border="0"> <tr> <td>C-2 LP</td> <td>Other</td> </tr> <tr> <td>06/29/2001</td> <td>08/03/1984</td> </tr> <tr> <td>PA L&I</td> <td>PA L&I</td> </tr> </table>			C-2 LP	Other	06/29/2001	08/03/1984	PA L&I	PA L&I
C-2 LP	Other							
06/29/2001	08/03/1984							
PA L&I	PA L&I							
Staffing Hours <table border="0"> <tr> <td>Resident Support: 0</td> <td>Total Daily Staff: 36</td> <td>Waking Staff: 27</td> </tr> </table>			Resident Support: 0	Total Daily Staff: 36	Waking Staff: 27			
Resident Support: 0	Total Daily Staff: 36	Waking Staff: 27						
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced						
Reason(s) for Inspection(s) Renewal								
On-Site Inspections Dates and Department Representatives On-Site 02/06/2014: OHaire, Anne; Novak, Ryan								
Off-Site Inspection Dates and Inspectors, if Applicable 								
Other Details Partial or Full Triggers: Random Indicators:								
Resident Demographic Data as of Inspection Dates								
Licensed Capacity: 90 Number of Residents Served: 36 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: 36 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0							

Violation Report: 20213 - 02/06/2014 - O'Haire, Anne
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 The 3 doors located in the great room on the lower level, do not have exit signs posted above them.

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.

There have been no exits signs at these three doors since the construction of this building. Exit signs have been placed above all three doors, picture attached.



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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly J. Golder	Date 2/25/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/27/14
 (Date)

Plan of correction implementation status as of 2/27/14
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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