

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
LEGAL ENTITY

To operate PROVIDENCE PLACE OF PINE GROVE
NAME OF FACILITY OR AGENCY

Located at 24 HIKES HOLLOW ROAD, PINE GROVE, PA 17963
(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 80
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

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 April 1, 2014 until October 1, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225501

Robert E. Robinson
ISSUING OFFICER

[Signature]
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

MAR 31 2014

Ms. Cindy Petchulis, Senior VP of Operations
Providence Place of Pine Grove Associates
1528 Sand Hill Road
Hummelstown, Pennsylvania 17036

RE: Providence Place of Pine Grove
24 Hikes Hollow Road
Pine Grove, Pennsylvania 17963
License #: 225501

Dear Ms. Petchulis:

As a result of the Department of Public Welfare's licensing inspection on March 11, 2014, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the facility.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 21471 - 03/11/2014 - O'Haire, Anne
 PCH Name: WATERBRIDGE AT PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contracts for the following residents were not signed by the resident:
 Resident # 1's; contract dated 11/21/13
 Resident #2's; contract dated 4/8/13
 Resident #3's; contract dated 12/6/13

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.

An audit will be done on all resident contracts ensuring the resident signed their contract by April 1, 2014. Future contracts will include the resident's signature. Staff responsible for contract completion was inserviced on the importance of this on March 24, 2014.

The administrator shall be responsible for ongoing compliance.

M
 3/26/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Cindy Petchulis</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Cindy Petchulis, Sr VP of Operations</i>		<i>3-25-14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>3/26/14</u> (Date)		Plan of correction implementation status as of <u>3/26/14</u> (Date)	
The above plan of correction was approved by <i>M</i> (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	

Violation Report: 21471 - 03/11/2014 - O'Haire, Anne
 PCH Name: WATERBRIDGE AT PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was discharged from the home on 6/13/13. A refund was issued on 7/25/13, which is greater than 30 days from the resident's date of discharge.

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.

The record reflected the day the resident left, not the day the apartment was vacated. Future discharged residents' records will indicate the day the apartment is vacated. The resident did receive their refund. Future refunds will be received within 30 days.

The administrator shall monitor and assure ongoing compliance -

M
 3/26/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Petchulis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Petchulis, Sr VP of Operations* Date *3-25-14*

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

The above plan of correction is approved as of 3/26/14
 (Date)

Plan of correction implementation status as of 3/26/14
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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

Violation Report: 21471 - 03/11/2014 - O'Haire, Anne
 PCH Name: WATERBRIDGE AT PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water from the sink in the bathroom adjacent to room #108 had a temperature reading of 134.4 degrees Fahrenheit.
 The water from the sink in the bathroom adjacent to room #128 had a temperature reading of 123.9 degrees Fahrenheit.
 The water from the shower in the bathroom adjacent to room #204 had a temperature reading of 133.8 degrees Fahrenheit.

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.

Yost mechanical came onsite 3/25/14 to correct the temperature of the water. They tested the temperature at 118°F. The water temperature will be checked daily x 7 days, then periodically to ensure compliance.

The administrator shall monitor and assure ongoing compliance.

m
 3/26/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Petchulis*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cindy Petchulis, Sr VP of Operations* Date *3-25-14*

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

The above plan of correction is approved as of 3/26/14
 (Date)

Plan of correction implementation status as of 3/26/14
 (Date)

The above plan of correction was approved by *m*
 (Initials)

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

Violation Report: 21471 - 03/11/2014 - O'Haire, Anne
 PCH Name: WATERBRIDGE AT PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 The following items located in the "Norlake" brand freezer were expired and kept beyond 6 months.

 A plastic container of sausage dated 3/8/13
 Bread crumbs, dated 5/16/13
 "Hormel" brand pepperoni dated 9/5/13

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.

Food was discarded at time of inspection
 A thorough cleaning of the kitchen and refrigeration will be completed on April 9th. Prior to that, staff checked for any outdated food on March 25, 2014 and discarded as needed. All dietary staff was inserviced on the correct storage of all foods (to be completed by March 28, 2014).

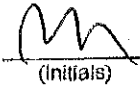
• The administrator shall monitor and assure ongoing compliance. M 3/26/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Petchulis*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Cindy Petchulis, Sr VP of Operations* *3-25-14*

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

The above plan of correction is approved as of <u>3/26/14</u> (Date)	Plan of correction implementation status as of <u>3/26/14</u> (Date)
The above plan of correction was approved by  (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

Violation Report: 21471 - 03/11/2014 - OHaire, Anne
 PCH Name: WATERBRIDGE AT PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION
 The home does not have a copy of the emergency preparedness plan for the municipality or city in which the home is located.

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.

Administrator called the township to request a copy of the plan and filled out form at townships request (see attached). The township stated they will forward to us asap. Once received, the administrator will review and familiarize herself with it.

• The administrator shall monitor and be responsible for ongoing compliance.

M
 3/26/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Petchulis*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cindy Petchulis, Sr JPot Operator* Date *3-25-14*

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

The above plan of correction is approved as of 3/26/14
 (Date)

Plan of correction implementation status as of 3/26/14
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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

Violation Report: 21471 - 03/11/2014 - O'Haire, Anne
PCH Name: WATERBRIDGE AT PINE GROVE

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
The home's fire safety letter dated 10-14-13, identifies an evacuation time was 5 minutes and 27 seconds. The home's fire drill logs reflects that the home exceeded the allowable evacuation time identified by a fire safety expert, 11 out of 12 fire drills conducted during the previous year.

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.

Contact was made with Todd March, Fire Chief of Pottsville, PA. He is scheduled to come to the home on April 7th at 10am to do a walk through of the home and determine the acceptable time frame to evacuate the residents of the building. At this time, Todd will also supervise a fire drill.

The administrator shall be responsible for monitoring and ongoing compliance -

3/26/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Cindy Petchulis

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cindy Petchulis, Sr VP of Operations Date 3-25-14

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

The above plan of correction is approved as of 3/26/14 (Date)

Plan of correction implementation status as of 3/26/14 (Date)

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

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

Violation Report: 21471 - 03/11/2014 - O'Haire, Anne
 PCH Name: WATERBRIDGE AT PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #3 (dated 12/12/13) did not indicate if the resident is able to self-administer medication and the resident's body positioning needs, if any.

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 new medical evaluation will be requested from the MD on 3-26-14 when received, the administrator will ensure that all of the required information is completed. All medical evaluations on file in the home will be reviewed for completeness by April 15, 2014.

The administrator shall be responsible for monitoring and ongoing compliance.

m
 3/26/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Petchulis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Petchulis, SrVP of Operations* Date *3-25-14*

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

The above plan of correction is approved as of 3/26/14
 (Date)

Plan of correction implementation status as of 3/26/14
 (Date)

The above plan of correction was approved by *m*
 (Initials)

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

Violation Report: 21471 - 03/11/2014 - O'Haire, Anne
 PCH Name: WATERBRIDGE AT PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION
 The home does not have an emergency medical plan.

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.

The emergency medical plan was replaced with one containing all of the required components in 2600.143(a) on March 13, 2014 (see attached).

The administrator shall monitor and assure ongoing compliance.

Am
 3/26/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Cindy Petchulis</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cindy Petchulis, Sr VP of Operations</i>		Date <i>3-25-14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>3/26/14</u> (Date)		Plan of correction implementation status as of <u>3/26/14</u> (Date)	
The above plan of correction was approved by <u><i>M</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: 21471 - 03/11/2014 - O'Haire, Anne
 PCH Name: WATERBRIDGE AT PINE GROVE

1. REGULATION 55 Pa. Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(e)1-3.

2a. DESCRIPTION OF VIOLATION
 The home's smoking policy states the smoking area is "the east side of the building and rear of building". The home's rules state, "Resident smoking area is located on the west side of the building in the sitting area." The policy and home rules indicate conflicting information regarding the location of the resident smoking area. In addition, there is no sitting area on either side of the home. Staff person "A", who is the administrator, stated resident # 5 often smokes at the flag pole located at the front of the property during inclement weather.

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.

The smoking policy was revised to reflect the appropriate smoking areas (see attached).

The administrator shall be responsible for monitoring and assuring ongoing compliance

M
 3/26/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Petchulis*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Cindy Petchulis, Sr. Pof Operations* *3-25-14*

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

The above plan of correction is approved as of 3/26/14
 (Date)

Plan of correction implementation status as of 3/26/14
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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

Violation Report: 21471 - 03/11/2014 - O'Haire, Anne
 PCH Name: WATERBRIDGE AT PINE GROVE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The home was currently using opened vials of Humalog and Lantus Insulin beyond the manufactures direction to discard after 28 days once opened. The home was using expired insulin for the following residents:
 1. Resident # 6's Humalog Insulin opened 01-26-14 and Lantus Insulin opened 12-31-13.
 2. Resident #7's Humalog Insulin opened 07-01-13.
 3. Resident 8's Lantus insulin was opened with no date listed on the label when the insulin was opened.
 4. Resident # 5's Hemorrhoid Suppository medication had an expiration date 05-02-13 and was still on site.

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.

All medication that expired was destroyed and replaced. A full audit of all medication stored in the home will be completed by April 15, 2014 with the attached form.

The administrator shall assure ongoing compliance -

M
 3/26/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cindy Patchulis*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cindy Patchulis, Sr VP of Operations* Date *3-25-14*

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

The above plan of correction is approved as of 3/26/14
 (Date)

Plan of correction implementation status as of 3/26/14
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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