

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CARE HSL HERITAGE HILL OPCO LLC

LEGAL ENTITY

To operate HERITAGE HILL SENIOR COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 800 SIXTH STREET, WEATHERLY, PA 18255

(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 143

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 42

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 18, 2014 until April 18, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225120

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.

PW 628 - 10/13



APR 18 2014

Ms. Denise M. Langman, Executive Director
Care HSL Heritage Hill OPCO LLC
800 Sixth Street
Weatherly, Pennsylvania 18255

RE: Heritage Hill Senior Community
License #: 225120

Dear Ms. Langman:

As a result of the Department of Public Welfare's licensing inspection on March 18, 2014, 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 Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

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

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 22512 - 03/18/2014 - Hummel, Jesse
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

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 contract for resident #1 dated 2/22/13 was not signed by the Administrator or designee.

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 contract was signed at the time of inspection. Moving forward, the Administrator or Marketing Director will insure that all signatures are complete before filing the resident record. The resident concierge will review all new resident records prior to filing the resident record.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Denise M. Langman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise M. Langman Executive Director</i>	Date <i>3-31-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>040714</u> (Date)	Plan of correction implementation status as of <u>040714</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

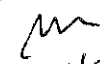
Violation Report: 22512 - 03/18/2014 - Hummel, Jesse
 PGH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 On 3/18/14 Department Representatives observed a 12 lb. plastic container of Majestic Ice Melt/CMA, with a label that indicated "may be harmful if ingested-consult physician if redness or irritation persists." The container was observed on the floor inside the exit door adjacent to the laundry room.
 Also observed was a 12 lb. plastic container of Road Runner Ice Melt with a label that indicated "harmful if swallowed-if contact with eyes occurs, flush eyes immediately. If swallowed, call your physician immediately." The container was found on the floor inside the rear exit doors.
 The facility has a secured dementia care wing and therefore not all residents living in the facility are able to safely use or avoid poisonous materials. Therefore, poisonous materials shall be locked and inaccessible to residents.

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.

Ice melt will be kept in the locked medication room in the event it is needed. This will insure it does not come in contact with any residents living in the home. The maintenance director will insure that the ice melt is maintained in the locked medication room and not left unattended in the building.
 This was corrected at the time of inspection.


The administrator shall monitor and assure ongoing compliance.

 4/7/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Denise M. Langman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Denise M. Langman Executive Director	Date 3-31-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/7/14</u> (Date)	Plan of correction implementation status as of <u>4/7/14</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: 22512 - 03/18/2014 - Hummel, Jesse
 PCH Name: HERITAGE HILL SENIOR COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The resident records for resident #2 and resident #3 do not include whether or not either of the residents have any identifying marks.

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.

Each record was reviewed and corrected at the time of the inspection. There were no identifying marks for either resident. All charge and medication techs were in serviced on the importance of completing the documents in their entirety. (See attached) If there is no identifying marks, they are instructed to mark none to insure all information is complete. The resident concierge will review each new resident record prior to filing to insure that all information is complete.

The administrator shall monitor and assure ongoing compliance

*M
4/7/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Denise M. Langman

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

*Denise M. Langman
 Executive Director*

Date *3-31-14*

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

The above plan of correction is approved as of

4/07/14
 (Date)

Plan of correction implementation status as of

4/07/14
 (Date)

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

The above plan of correction was approved by

M
 (Initials)