

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WILLOW VALLEY COMMUNITIES
LEGAL ENTITY

To operate MEADOW RIDGE AT WILLOW VALLEY
NAME OF FACILITY OR AGENCY

Located at 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA 17584
(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 156
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 July 31, 2014 until July 31, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 322050

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

AUG 0 1 2014

Ms. Kendall Keech Hunsicker, Vice President of Health Services
Willow Valley Communities
925 Willow Valley Lakes Drive
Willow Street, Pennsylvania 17584

RE: Meadow Ridge at Willow Valley
License #: 322050

Dear Ms. Keech Hunsicker:

As a result of the Department of Public Welfare's licensing inspection on June 27, 2014 and June 30, 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).

The license indicates the home's recent change in the name of the legal entity from Willow Valley Retirement Communities to Willow Valley Communities.

Your revised license is enclosed.

Sincerely,

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

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

PCH Name: MEADOW RIDGE AT WILLOW VALLEY		License Number: 32205
Address: 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA 17584		County: Lancaster
Administrator: Lenore Hutchinson		Region: CENTRAL
Legal Entity Name: WILLOW VALLEY RETIREMENT COMMUNITIES		
Legal Entity Address: 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA 17584		
Certificate(s) of Occupancy I-1 06/19/2006 West Lampeter Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 121 Waking Staff: 91		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/27/2014: Rouse, McKinley; OPake, Hope 06/30/2014: Rouse, McKinley; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 18 2014</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: 156 Number of Residents Served: 121 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: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 121 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Lenore Hutchinson
Lenore Hutchinson 7/17/2014

Violation Report: 32205 - 06/27/2014 - Rouse, McKinley
 PCH Name: MEADOW RIDGE AT WILLOW VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 06/30/2014, the home had 121 residents, but only 168 gallons of emergency drinking water.

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.

I respectfully request the violation given on 6/30/2014 be removed. The Pennsylvania Code Title 55 Chapter 2600.107(c) states: "The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents." There is no specific amount identified.

The Regulatory Compliance Guide (page 98) states: Water- It is recommended homes store at least one gallon of water per resident per day. A normally active person needs at least one-half gallon of water daily just for drinking.

As the RCG states "recommended" not "requires" or "shall" I do not believe a violation is warranted.

The census of residents in the home at the time of the inspection was 111 (see census report attached). The home had 168 gallons of emergency water, providing 1.5 gallons of water per resident along with a DS Water emergency water agreement (see attached). I believe the 168 gallons of water along with the emergency water agreement met the regulatory requirements.

The home has purchased an additional 234 gallons of water (see attached invoice) for a total of 402 gallons of water. This meets the need of three gallons per resident for a total of 134 residents. Monitoring the emergency water supply for expiration date and total number of gallons of water will be done monthly with an environmental audit completed by the Resident Care Assistants. Should the census exceed 134 additional water will be ordered. Water will be replaced on or prior to the expiration date. The administrator educated staff on regulation 2600.107(c) during staff meetings held on 7/8/14, 7/9/14 and 7/10/14.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Lenore Hutchinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lenore Hutchinson</i>	Date <i>7/17/2014</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-22-14
 (Date)

Plan of correction implementation status as of 7-22-14
 (Date)

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

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