

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE ALLIANCE HOME OF CARLISLE, PA, INC.
LEGAL ENTITY

To operate CHAPEL POINTE AT CARLISLE
NAME OF FACILITY OR AGENCY

Located at 770 SOUTH HANOVER STREET, CARLISLE, PA 17013
(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 61
(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 12

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 October 8, 2014 until June 3, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 343370

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

OCT 08 2014

Ms. Deborah M. Sprague, Executive Director
The Alliance Home of Carlisle PA, Inc.
770 South Hanover Street
Carlisle, Pennsylvania 17013

RE: Chapel Pointe at Carlisle
License #: 343370

Dear Ms. Sprague:

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a secured dementia care unit licensed capacity of 12 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

Matthew Jones / 98
Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

PCH Name: CHAPEL POINTÉ AT CARLISLE		License Number: 343370
Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013		County: Cumberland
Administrator: Deborah Sprague		Region: CENTRAL
Legal Entity Name: THE ALLIANCE HOME OF CARLISLE, PA, INC		
Legal Entity Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013		
Certificate(s) of Occupancy I-1 09/11/2014 Borough of Carlisle		
Staffing Hours Resident Support: NM Total Daily Staff: 54 Waking Staff: 41		
Type of Inspection: Partial BHA Docket Number: NA Notice: Announced		
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 09/22/2014: Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED SEP 30 2014 CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: NA Random Indicators: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 61 Number of Residents Served: 49 Secured Dementia Care Unit in Home: Yes Area: pending per inspection Secured Dementia Unit Capacity, if Applicable: 12 Number of Residents Served in Secured Dementia Care Unit, if applicable: 11 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 5 Have a Physical Disability: 0	

Violation Report: 34337 - 09/22/2014 - Riel, Becky	
PCH Name: CHAPEL POINTE AT CARLISLE	
<p>1. REGULATION 55 Pa. Code §2600</p> <p>2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.</p>	
<p>2a. DESCRIPTION OF VIOLATION</p> <p>The telephones located in the kitchen, the nurse's station, and bedroom #102 do not have emergency service numbers posted nearby.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</p> <p><i>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></p>	
<p>2600.91</p> <p>Stickers containing all required phone numbers were placed on telephones at the kitchen, nurse's station, and bedroom 102. All telephones were checked in the Personal Care facility and stickers placed as needed as of 9/30/14.</p> <p>Upon admission, each resident record has a sticker attached to it so that the admitting nurse will ensure that it is placed if the resident has a phone.</p> <p>The Personal Care Nursing Coordinator will ensure that the phone numbers are placed as required.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
<p>Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah M. Sprague, NHA Executive Director</i></p>	
Date <i>9/30/14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
<p>The above plan of correction is approved as of <u>9.30.14</u> (Date)</p>	<p>Plan of correction implementation status as of <u>9.30.14</u> (Date)</p>
<p>The above plan of correction was approved by <u>je</u> (Initials)</p>	<p><input checked="" type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>

Violation Report: 34337 - 09/22/2014 - Riel, Becky	
PCH Name: CHAPEL POINTE AT CARLISLE	
<p>1. REGULATION 55 Pa.Code §2600 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.</p>	
<p>2a. DESCRIPTION OF VIOLATION The window screen in bedroom #112 has several holes and tears as large as 0.5" wide by 2" long.</p>	
<p>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; description 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.</p>	
<p>2600.92 The window screen in bedroom 112 was replaced. All window screens in the Personal Care facility were checked and repaired as needed as of 9/30/14.</p> <p>The Building Services Manager will ensure that window screens are kept in good repair.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah M Sprague, NHA Executive Director</i>	
Date <i>9/30/14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9.30.14</u> (Date)	Plan of correction implementation status as of <u>9.30.14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 34337 - 09/22/2014 - Riel, Becky
 PCH Name: CHAPEL POINTE AT CARLISLE

1. REGULATION 55 Pa.Code §2600
 2600.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

2a. DESCRIPTION OF VIOLATION
 The exit door located outside the Secure Dementia Care Unit's kitchen leading outside towards Noble Boulevard and the exit door by Henry Chapel leading outside towards Hanover Street is equipped with a magnetic lock that unless the fire alarm is activated or a power failure occurs would require an employee badge or key fob that can be misplaced or lost. Residents and visitors are not able to easily open the exit door without an employee badge or key fob.

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.

2600.123(a)
 The exit door at Noble Blvd. and the exit door at Henry Chapel were equipped with key pads as of 9/29/14. Instructions for the code for the key pad are also posted at both locations.

 The Director of Operations will ensure that the devices are in working order, that the code is operational and that the instructions are changed as the code may be changed.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah M. Szegye, NHA Executive Director	Date 9/30/14
---	--------------

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

The above plan of correction is approved as of <u>9.30.14</u> (Date)	Plan of correction implementation status as of <u>9.30.14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 34337 - 09/22/2014 - Riel, Becky	
PCH Name: CHAPEL POINTE AT CARLISLE	
<p>1. REGULATION 55 Pa.Code §2600 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.</p>	
<p>2a. DESCRIPTION OF VIOLATION There is a door leading from a sitting area in the Secure Dementia Care Unit (SDCU) to the courtyard with a gated exit and a door off the kitchen in the SDCU leading to a corridor containing an exterior exit door. Both doors are on a magnetic locking system and a device only accessible via an employee badge or key fob. The directions for operating the home's locking mechanism are not conspicuously posted near the door to the SDCU.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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></p>	
<p>2600.233(c) For the courtyard door and the kitchen door, directions were posted on 9/30/14. The courtyard door remains unlocked during daylight hours for access to the walking garden.</p> <p>Posted directions remind visitors to obtain a visitor badge at the reception desk for access through these 2 doors or to ask for staff assistance.</p> <p>The Director of Operations will ensure that the directions remain posted and that visitor badges are available.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Deborah M Sprague, NHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah M Sprague, NHA Executive Director</i>	Date <i>9/30/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9.30.14</u> (Date)	Plan of correction implementation status as of <u>9.30.14</u> (Date)
The above plan of correction was approved by <u><i>DS</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