

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to VS WOODS LLC

LEGAL ENTITY

To operate THE WOODS AT CEDAR RUN

NAME OF FACILITY OR AGENCY

Located at 824 LISBURN ROAD, CAMP HILL, PA 17011

(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 79
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 19

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 December 31, 2014 until December 31, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 331320

Robert E. Robinson

ISSUING OFFICER

Mark J. [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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 3 1 2014

Ms. Loriann Putzier, Chief Operating Officer
VS Woods, LLC
IntegraCare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: The Woods at Cedar Run
824 Lisburn Road
Camp Hill, Pennsylvania 17011
License #: 331320

Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on November 6, 2014 and November 7, 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 Jones".

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

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

| | | |
|---|--|-----------------------|
| PCH Name: The Woods at Cedar Run | | License Number: 33132 |
| Address: 824 Lisburn Road, Camp Hill, PA 17011 | | County: Cumberland |
| Administrator: Kevin Cysyk | | Region: CENTRAL |
| Legal Entity Name: Integra Care | | |
| Legal Entity Address: 6600 Brooktree Court, Wexford, PA 15090 | | |
| Certificate(s) of Occupancy C-2 LP 02/19/1997 L&I | | |
| Staffing Hours Resident Support: 0 Total Daily Staff: 100 Waking Staff: 75 | | |
| Type of Inspection: Full BHA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Renewal, Provisional, Complaint | | |
| On-Site Inspections Dates and Department Representatives On-Site 11/06/2014: Rouse, McKinley; Minnich, Ron 11/07/2014: Rouse, McKinley; Minnich, Ron | | |
| Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED DEC 22 2014 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: 79 Number of Residents Served: 64 Secured Dementia Care Unit in Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 19 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 10 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 36 Have a Physical Disability: 0 | |

Violation Report: 33132 - 11/06/2014 - Rouse, McKinley
 PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 There was a green gardening hose on the outside front patio of the secured unit. The hose was partially unangled and laying on the ground in the path of the egress, creating a potential tripping hazard.

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.

(SEE ATTACHED) - Page 2 A of 3. - 8e

| | | | |
|----------------------|-----------------------------------|--|--|
| 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)

Kevin Cysyk
 REGIONAL DIRECTOR OF OPERATIONS

Date: 12/22/14

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

The above plan of correction is approved as of 12-24-14
 (Date)

Plan of correction implementation status as of 12-24-14
 (Date)

The above plan of correction was approved by 8e
 (Initials)

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

PLAN OF CORRECTION

Community Name: The Woods at Cedar Run

License Number: 331321

Date of Visit: November 6-7, 2014

Date of Submission: December 19, 2014

1. **Violation Review: 2600.121(a)** – Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.
2. **Violation interpretative Statement:** There was a green gardening hose on the outside front patio of the secured unit. The hose was partially untangled and laying on the ground in the path of the egress, creating a potential tripping hazard.
3. **Review the benefit of the Regulation, per RCG:** It is important to keep exits unblocked so people can escape in an emergency situation.
4. **Description of the Repair of the Immediate Problem:** Hose was removed from the immediate area.
5. **Determine / document the Root Cause of the Violation:** Staff did not ensure that all egress routes were unobstructed.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. Hose was removed from the immediate area and relocated to a more remote area of the property.
 - b. Plants on patio of SDU will be watered with watering can.
 - c. Staff instructed to verify that all egress routes are free from obstruction.
7. **Designated position responsible and specify target date for correction.**

Director of Environmental Services toured the community to ensure that all other egress routes were free from obstruction on 11/7/14.

Director of Environmental Services or designee will verify continued compliance during regular building rounds effective 11/7/14.

Executive Director instructed staff to verify that all egress routes are free from obstruction during team meetings on 11/7/14.

Authorized Signature:

Plan of Correction Template

KEVIN CYSYK
REGIONAL DIRECTOR OF OPERATIONS

Date:

ge
12/22/14

ADM040

Violation Report: 33132 - 11/06/2014 - Rouse, McKinley
 PCH Name: The Woods at Cedar Run

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Staff Person A completed the support plan for Resident #1 on 09/16/2014, but did not sign the support 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.

(SEE ATTACHED) - Page 3 A of 3. -82

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

| | |
|---|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KEVIN CYSYK Regional Director of Operations</i> | Date <i>12/22/14</i> |
|---|----------------------|

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

| | |
|--|---|
| The above plan of correction is approved as of <u>12-24-14</u> (Date) | Plan of correction implementation status as of <u>12-24-14</u> (Date) |
| The above plan of correction was approved by <u>82</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 |

PLAN OF CORRECTION

Community Name: The Woods at Cedar Run

License Number: 331321

Date of Visit: November 6-7, 2014

Date of Submission: December 19, 2014

1. **Violation Review: 2600.227(g)** -- Individuals who participate in the development of the support plan shall sign and date the support plan.
2. **Violation Interpretative Statement:** Staff Person A completed the support plan for Resident #1 on 09/16/2014, but did not sign the support plan.
3. **Review the benefit of the Regulation, per RCG:** Having individuals who participate in the development of the support plan sign and date the support plan provides a record of who participated in the development of the support plan for future reference purposes.
4. **Description of the Repair of the Immediate Problem:** Staff Person A (Senior Living Director) and Resident #1 signed the support plan on 11/6/2014.
5. **Determine / document the Root Cause of the Violation:** Staff did not ensure that support plan included appropriate signatures.
6. **Detail Action Steps / System Developed to prevent future occurrence:**
 - a. Senior Living Director reviewed all current support plans to verify that appropriate signatures had been obtained.
 - b. Senior Living Director, or designee, will ensure that new support plans always include appropriate signatures.
 - c. Executive Director, or designee, will verify ongoing compliance during regular audits.
7. **Designated position responsible and specify target date for correction.**
 Senior Living Director reviewed all current support plans 11/6/14- 11/7/14.
 Senior Living Director, or designee, will review new support plans to ensure compliance effective 11/7/14.
 Executive Director, or designee, will verify ongoing compliance during regular audits effective 11/7/14.

JE

Authorized Signature *Kevin Casper*
 Plan of Correction Template *Kevin Casper*

Date: 12/22/14

REGIONAL DIRECTOR OF OPERATIONS