



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

Mr. Frederick D. Kessler, President
Leeds Health Care Services Inc.
60 Neitz Road, P.O. Box 32
Northumberland, Pennsylvania 17857

RE: Nottingham Village Retirement Center
License #: 202130

Dear Mr. Kessler:

As a result of the Department of Human Services' licensing inspection on January 28, 2015 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.

Your regular license for the period April 26, 2015 to April 26, 2016 was issued on January 8, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER		License Number: 20213
Address: 60 NEITZ ROAD, P.O. BOX 32, NORTHUMBERLAND, PA 17857		County: Northumberland
Administrator: KIM GOLDER		Region: NORTHEAST
Legal Entity Name: LEEDS HEALTH CARE SERVICES INC.		
Legal Entity Address: P.O. BOX 32, NORTHUMBERLAND, PA 17857		
Certificate(s) of Occupancy C-2 LP 06/29/2001 LABOR AND INDUSTRY		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Ind - 49 Indicators	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 01/28/2015: Dumas, Gerald; Patton, Leslie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: 124		Random Indicators: 44G,228H,186C,251C,105F
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90	Number of Residents who:	
Number of Residents Served: 42	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 42	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Fred D. Kessler 2/16/15

Violation Report: 20213 - 01/28/2015 - Dumas, Gerald
 PCH Name: NOTTINGHAM VILLAGE RETIREMENT CENTER

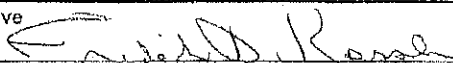
1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's 124 letter to the fire department, dated 8/1/14, was not updated to indicate that the home currently does not serve any resident with a mobility need.

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.

Attached Letter was submitted to Point Township Fire Department on 1/28/15.
 Retirement Center typically does not have "Immobile" residents.
 The Administrator will be responsible to submit these letters upon admission and discharge of any "Immobile" resident.
 The Administrator will review each admission and discharge to monitor compliance and update fire department of mobility needs.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Frederick D. Kessler	Date 2/16/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/2/15
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 3/2/15
 (Date)

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