



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to JAH-JIREH HOMES OF AMERICA - ALLENTOWN
LEGAL ENTITY

To operate LEGACY PLACE COTTAGES
NAME OF FACILITY OR AGENCY

Located at 2051 BEVIN DRIVE, ALLENTOWN, PA 18103
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 30
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 15, 2015 until January 15, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225511

Robert E. Robinson
ISSUING OFFICER

[Signature]
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 HUMAN SERVICES

JUL 17 2015

Mr. Darbin T. Skeans, President
Jah-Jireh Homes of America – Allentown
P.O. Box 537
Allentown, Pennsylvania 18109

RE: Legacy Place Cottages
2051 Bevin Drive
Allentown, Pennsylvania 18109
License #: 225511

Dear Mr. Skeans:

As a result of the Department of Human Services' licensing inspection on June 16, 2015 and July 8, 2015 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in cursive script that reads "Matthew Jones" followed by a stylized initial "AJ".

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

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

PCH Name: LEGACY PLACE COTTAGES		License Number: 22551
Address: 2051 BEVIN DRIVE, ALLENTOWN, PA 18103		County: Lehigh
Administrator: Lois Vincent		Region: NORTHEAST
Legal Entity Name: Jah-Jirch Homes of America - Allentown		
Legal Entity Address: P.O. Box 537, Allentown, PA 18109		
Certificate(s) of Occupancy		
I-2 04/30/2015 Salisbury Township		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s)		
New		
On-Site Inspections Dates and Department Representatives On-Site		
06/16/2015: Hummel, Jesse; Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: NA Number of Residents Served: 5 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 5 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 22551 - 06/16/2015 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.41(c) - The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The Department's resident's rights poster is not posted in a conspicuous and public place in the facility.

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.

WE HAVE POSTED THE RESIDENT'S RIGHTS POSTER ON THE INFORMATION BOARD RIGHT NEXT TO THE KITCHEN. THIS WILL NOT BE REMOVED.

The Administrator or Designee will observe the information posted on the Information Board periodically to insure on-going compliance. 6-26-15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mich J. Killgore*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MICAH KILGORE BUSINESS MANAGER* Date *6/25/15*

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

The above plan of correction is approved as of <u>6-26-15</u> (Date)	Plan of correction implementation status as of <u>6/26/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 22551 - 06/16/2015 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The common bathrooms located on both the North and the South wings have garbage cans, however the cans do not have lids and or covers.

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.

FIRE SAFE COVERED TRASH CANS WERE PURCHASED AND INSTALLED IN ALL PUBLIC RESTROOMS AND OFFICES. THIS IS A ONE-TIME PERMANENT INSTALLATION AS THEY WILL NOT BE REMOVED.

The Administrator or Design Designee will perform periodic walk throughs of the building to ensure ongoing compliance. CP, 6-26-15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Micha J Killbore*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) MICAH KILLBORE BUSINESS MANAGER Date 6/25/15

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

The above plan of correction is approved as of <u>6-26-15</u> (Date)	Plan of correction implementation status as of <u>6/26/15</u> (Date) <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
The above plan of correction was approved by <u>CP</u> (Initials)	

Violation Report: 22551 - 06/16/2015 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 Department Representatives measured the hot water temperatures at the sink in the common bathroom located in the south wing as well as the sink located in resident room #118. The hot water temperatures measured 133.7 degrees Fahrenheit and 131.3 degrees Fahrenheit respectively.

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 HOT WATER WAS ADJUSTED TO LOWER THE TEMPERATURE.
 THE TWO SINKS TESTED NOW REGISTER AT 116.0°F AND 118.4°F
 RESPECTIVELY. TO ENSURE PROPER WATER TEMPERATURE, WE WILL
 PERFORM MONTHLY TESTING. MICAH KILLGORE OR A DESIGNATED
 EMPLOYEE WILL FOLLOW THROUGH WITH THIS.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MICAH KILLGORE BUSINESS MANAGER	Date 6/25/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-26-15</u> (Date)	Plan of correction implementation status as of <u>6/26/15</u> (Date)
The above plan of correction was approved by <u>OP</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: 22551 - 06/16/2015 - Hummel, Jesse
PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed the telephone locates in the kitchen and dining area. The telephone has an outside line, however the Emergency numbers are not posted on or near the telephone.

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 APPROPRIATE NUMBERS HAVE BEEN POSTED AT EVERY PHONE THAT HAS AN OUTSIDE LINE. TO ENSURE IT STAYS THERE AN ADDITION TO OUR WEEKLY CLEANING SCHEDULE WE BE TO VERIFY IT IS PRESENT AT EACH PHONE.
Adm or Designee will perform periodic walk throughs of the building to ensure ongoing compliance. Q. 7/8/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michal Killgore*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MICHAEL KILLGORE, BUSINESS MANAGER Date 6/25/15

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

The above plan of correction is approved as of 6-26-15 (Date)

Plan of correction implementation status as of 6/24/15 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 22551 - 06/16/2015 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The facility has not submitted their Emergency Procedures to the local Emergency Management Agency as required.

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 EMERGENCY MANAGEMENT PLAN HAS BEEN SUBMITTED TO THE LOCAL TOWNSHIP. ACKNOWLEDGEMENT WAS RECEIVED. THIS WILL BE RESUBMITTED IF THERE ARE ANY ADJUSTMENTS, OR ANNUALLY, WHICHEVER MAY COME FIRST. MICAH KILGORE WILL FOLLOW THROUGH WITH THIS.
 Administrator

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MICAH KILGORE BUSINESS MANAGER	Date 6/25/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-26-15</u> (Date)	Plan of correction implementation status as of <u>6/29/15</u> (Date)
The above plan of correction was approved by <i>CK</i> (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: 22551 - 06/16/2015 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed doors that exit to the rear of the building to a patio. These doors are equipped with a magnetic locking mechanism which automatically engages and or locks the doors at 8:00pm each night. Once the magnetic locking mechanism is engaged residents and or staff would be unable to evacuate through these doors without the use of a key.

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.

MICAH KILGORE CONTACTED EASTERN TIME, OUR SECURITY COMPANY, TO RECEIVE CLARIFICATION. NEW UNDERSTANDING OF OUR LOCKING DOORS IS THAT ALL DOOR THAT ARE MAGNETICALLY LOCKED ARE UNLOCKED IN THE EVENT OF AN EMERGENCY. WE HAVE ATTACHED A LETTER FROM EASTERN TIME STATING SUCH.

Doors now freely open from inside as per J.H. Q. 7-8-15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Micah Kilgore*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) MICAH KILGORE BUSINESS MANAGER Date 6/25/15

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

The above plan of correction is approved as of 6/26/15
 (Date)

Plan of correction implementation status as of 7/8/15
 (Date)

The above plan of correction was approved by *JK*
 (Initials)

- Fully Implemented *on-site 7/8/15*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22551 - 06/16/2015 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

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 facility has not notified 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. The notification should include at a minimum the total capacity of the facility, a description of the general layout of the facility, and a general description of the mobility needs of the residents being served.

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.

WE HAD THE SALISBURY TOWNSHIP FIRE SAFETY INSPECTOR,
 [REDACTED] PICK UP THE DOCUMENTS THEY NEEDED TO
 HAVE ON FILE. ATTACHED IS HIS ACKNOWLEDGEMENT LETTER.

The Administrator or Designee will periodically review the mobility needs and evacuation needs of the residents and update the fire safety letter accordingly.
 J. 6/28/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Mich J. Killgore*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MICHAEL KILLGORE BUSINESS MANAGER</i>	Date <i>6/25/15</i>
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The above plan of correction is approved as of <u>6-26-15</u> (Date)	Plan of correction implementation status as of <u>6/29/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 22551 - 06/16/2015 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 On 5/8/15 at 10:36am the facility held a fire drill. The residents were evacuated to Zone 2 located within the building. This internal area (Zone 2) is not designated as an internal fire safe area by a fire safety expert.

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.

WE CONTACTED THE ARCHITECT TO PROVIDE INFORMATION AND DRAWINGS TO PROVIDE THE PROPER INFORMATION TO SHOW 3 SEPARATE SMOKE COMPARTMENTS SEPARATED BY A 1-HOUR RATED BARRIER LETTERS ARE ATTACHED.

The home will run two (2) fire drills in July, 2015. Q. 7-8-15

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


Signature of Legal Entity Representative
 (Required on EVERY Page) *Michal J. Killgore*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MICHAEL KILLGORE BUSINESS MANAGER* Date *6/25/15*

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

The above plan of correction is approved as of 6/26/15
 (Date)

- Plan of correction implementation status as of 7/8/15
 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

The above plan of correction was approved by 
 (Initials)