



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

Mr. Harrison G. Sanders, CEO
Harrison Senior Living of Coatesville LLC
300 Strode Avenue
Coatesville, Pennsylvania 19320

RE: Harrison Senior Living of Coatesville
License #: 105660

Dear Mr. Sanders:

As a result of the Department of Human Services' annual licensing inspections on May 12, 2016 and May 13, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 10566 - 05/12/2016 - O'Pake, Hope
 PCH Name: HARRISON SENIOR LIVING OF COATESVILLE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

Za. DESCRIPTION OF VIOLATION

The last fire drill conducted during sleeping hours was on March 30, 2016. The previous fire drill held during sleeping hours was on August 24, 2015.

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.

Ongoing, fire drills will be conducted during sleeping hours once every 6 months. The fire drill will be conducted by a designee assigned by the Executive Director. Oversight of the fire drill log will be the responsibility of the Executive Director. The fire drill log will also be reviewed for compliance at the Safety Committee Meeting monthly and the quarterly Quality Assurance Meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean C. Bryan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jean C. Bryan, Executive Director* Date *8/4/2016*

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

The above plan of correction is approved as of *8-9-16*
 (Date)

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

Plan of correction implementation status as of *8-9-16*
 (Date)

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