



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HEATHER GLEN SENIOR LIVING LLC
LEGAL ENTITY

To operate HEATHER GLEN SENIOR LIVING
NAME OF FACILITY OR AGENCY

Located at 415 BLUE BARN ROAD, ALLENTOWN, PA 18104
(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 120
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 48

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 May 5, 2017 until November 5, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226821**

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

MAY 09 2017

Mr. Richard M. Koze,
Owner
Heather Glen Senior Living, LLC
5930 Hamilton Boulevard
Wescosville, Pennsylvania 18106

RE: Heather Glen Senior Living
415 Blue Barn Road
Allentown, Pennsylvania 18104
License #: 226821

Dear Mr. Koze:

As a result of the Department of Human Services' licensing inspection on April 26, 2017 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 (related 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) (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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

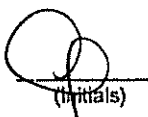
The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.



Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 22682 - 04/26/2017 - Hummel, Jesse PCH Name: HEATHER GLEN SENIOR LIVING	
<p>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.</p>	
<p>2a. DESCRIPTION OF VIOLATION Department Representatives determined that the telephone at the front entrance/lobby has an outside line. The facility has not posted the telephone number for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and the personal care home complaint hotline number as required.</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 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.</p> <p>2600.91</p> <p>Phones had an Emergency 911 sticker placed on the receiver of each telephone.</p> <p>Each telephone sticker was replaced with a sticker noting 911 for emergency services, poison control, personal care hotline, and nearest local hospital. Work to be completed on 4/26/2017.</p> <p>Stickers will be placed on all community phones and resident phones upon move in.</p> <p>Administrator and Business Service Director will be responsible for preventing future violations.</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)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>S-3-17</u> (Date)	Plan of correction implementation status as of <u>S-3-17</u> (Date)
The above plan of correction was approved by  (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: 22682 - 04/26/2017 - Hummel, Jesse PCH Name: HEATHER GLEN SENIOR LIVING	
1. REGULATION 55 Pa.Code §2500 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	
2a. DESCRIPTION OF VIOLATION The facility does not have the following items posted in a public conspicuous place within the facility; the emergency preparedness plan for the municipality in which the facility is located, contact telephone numbers of municipal and state emergency management agencies and local resources for housing and emergency care of residents, means of transportation in the event that relocation is 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.	
2600.123 (b) Emergency procedures were revised and submitted to the Upper Macungie Fire Commissioner on April 14, 2017 for review and approval before posting. The Emergency Procedures were approved by the Upper Macungie Township Commissioner on May 1, 2017. The Emergency Procedures were posted in a conspicuous and public place in the home. Emergency Procedures posted on 5/1/2017. Emergency Plan will be maintained in a conspicuous and public place in the home. Administrator and Business Service Director will be responsible for preventing future violations.	
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) Daniel C Frost Executive Director	Date 5/2/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-3-17</u> (Date)	Plan of correction implementation status as of <u>5-3-17</u> (Date)
The above plan of correction was approved by  (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: 22682 - 04/26/2017 - Hummel, Jesse
 PCH Name: HEATHER GLEN SENIOR LIVING

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 notified the local fire department on 4/14/17, however it did not include the following required items: the address of the facility, the total capacity of the facility, a description of the general layout of the facility, or a general description of the mobility needs of the residents 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.

2600.124

The Fire Department was notified in writing of the address of the home, location of the bedrooms and the assistance need to evacuate in an emergency by receipt of the Emergency Procedures which contains the required information.

The Emergency Plan was submitted on April 14, 2017 and was approved on May 1, 2017.
 Documentation will be maintained noting the review and approval by a local Fire Chief or designee.
 Documentation completed on 5/1/2017.

Documentation will be maintained on an ongoing basis.

Administrator will be responsible for preventing future violations.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Daniel C Frost, Executive Director* Date *5/2/17*

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

The above plan of correction is approved as of <u>5-3-17</u> <i>Letter provided</i> (Date)	Plan of correction implementation status as of <u>5-3-17</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: 22682 - 04/26/2017 - Hummel, Jesse PCH Name: HEATHER GLEN SENIOR LIVING	
1. REGULATION 55 Pa.Code §2600 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	
2a. DESCRIPTION OF VIOLATION The facility has not had a fire safety inspection or had a fire drill conducted and supervised by a fire safety expert 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.	
2600.132(b) The Fire Department was notified of the need for a safety inspection and fire drill. Fire safety inspection and fire drill is scheduled to be completed on Tuesday May 2, 2017. Fire safety inspection and fire drill will be completed annually and documentation will be maintained on an ongoing basis. Administrator will be responsible for preventing future violations.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost, Executive Director</i>	
Date <i>5/2/17</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-3-17</u> <i>letter provided</i> (Date)	Plan of correction implementation status as of <u>5-4-17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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

Violation Report: 22682 - 04/26/2017 - Hummel, Jesse PCH Name: HEATHER GLEN SENIOR LIVING	
1. REGULATION 55 Pa.Code §2600 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	
2a. DESCRIPTION OF VIOLATION The facility does not have a letter from a fire safety expert granting a maximum safe evacuation time based upon the design and construction of the building. On 3/28/17 the facility conducted a fire drill at 2:57pm. The residents were evacuated to fire safe areas in 3 minutes and 27 seconds which is over the maximum evacuation time without having additional time granted by a fire safety expert.	
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>	
2600.132(d) The Fire Department was notified of the need for written statement by a fire safety expert granting a maximum safe evacuation time based on the design and construction of the building. Fire safety inspection and fire drill to determine the time for evacuation is scheduled to be completed on Tuesday May 2, 2017. Fire safety inspection and fire drill will be completed annually and documentation to include evacuation time will be maintained on an ongoing basis. Administrator will be responsible for preventing future violations.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Daniel C Frost, Executive Director</i>	Date <i>5/2/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-3-17</u> (Date) <i>Letter provided.</i>	Plan of correction implementation status as of <u>5-18-17</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: 22682 - 04/26/2017 - Hummel, Jesse	
PCH Name: HEATHER GLEN SENIOR LIVING	
<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 Department Representatives observed the electronic keypad devices located at the entrances and exits of the facility's secured dementia care unit. The code or instructions to operate the keypad systems are not posted at or near each device as required.</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 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.</p> <p>2600.233(c)</p> <p>The directions for operation were posted and conspicuous near the device after notice by Department representatives.</p> <p>Directions for operation of locking devices were posted and conspicuous near the devices. Completed at time of inspection on April 26, 2017.</p> <p>Directions will be posted and conspicuous and will be maintained on an ongoing basis.</p> <p>Administrator and Memory Care Coordinator will be responsible for preventing future violations.</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)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
The above plan of correction was approved by (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