



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DISCOVERY READING LEASING LLC

LEGAL ENTITY

To operate RITTENHOUSE VILLAGE AT MUHLENBERG

NAME OF FACILITY OR AGENCY

Located at 2900 LAWN TERRACE, READING, PA 19605

(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 104

(MAXIMUM CAPACITY)

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

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 1, 2020 until May 1, 2021,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **228020**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

Deputy Secretary

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.



Mailing Date: May 8, 2020

Mr. Richard Hutchinson  
Chief Executive Officer  
Discovery Reading Leasing LLC  
27599 Riverview Center Boulevard, Suite 201  
Bonita Springs, Florida 34134

RE: Rittenhouse Village at Muhlenberg  
2900 Lawn Terrace  
Reading, Pennsylvania 19605  
License #: 228020

Dear Mr. Hutchinson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on January 28, 2020 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 this is a new legal entity operating the home.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

# Violation Report

## Facility Information

Name: *Rittenhouse Village At Muhlenberg*

License Number: *228020*

Address: *2900 Lawn Terrace, Reading, PA 19605*

County: *BERKS*

Region: *NORTHEAST*

## Administrator

Name: *Kelly Frank*

Phone: *610-208-8897*

Email: *kfrank@rittenhousesl.com*

## Legal Entity

Name: *Discovery Reading Leasing LLC*

Address: *27599 Riverview Center Blvd Ste 201, Bonita Springs, FL, 34134*

## Certificate(s) of Occupancy

Type: *I-1*

Date: *11/17/2009*

Issued By: *Mulenberg Twp.*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *88*

Waking Staff: *66*

## Inspection

Type: *Full & Complaint*

BHA Docket #:

Notice: *Announced*

Reason: *Change Legal Entity - Complaint*

## Inspection Dates and Department Representative

*01/28/2020 - On-Site: Ann O'Haire, Gerald Dumas*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *104*

Residents Served: *84*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *5*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *84*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *4*

Have Physical Disability: *1*

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/5/19, resident # 1 was transported to the emergency room and received oral sutures due to a fall. This Department did not receive a Reportable Incident regarding an incident at which sutures were needed for an oral injury. Additionally, on 1/19/20, resident #1 had an unwitnessed fall resulting in spinal fracture. This Department did not receive an Incident Report regarding the 1/19/20 incident.

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.)

Resident #1 was transported to the emergency room due to a fall on 1/5/2020, not 11/5/2019 as stated above. Resident #1 received oral sutures due to the fall. Reportable incident was faxed 1/5/2020 at 5:30pm. See attachment A.

Resident #1 had an unwitnessed fall on 1/19/2020 and was transported to the emergency room, resulting in a spinal fracture. Reportable incident was faxed on 1/20/20 at 1:30pm. See attachment B.

All reportable incidents sent to DHS will be emailed and not faxed for confirmation.

Executive Director will monitor for compliance.

Immediately and Ongoing:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. 3-3-2020 - MM

Legal Entity Representative

*Kelly Lane*  
Signature

*Kelly Lane, Esq*      *2/25/20*  
Printed Name and Title      Date  
*Director*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3-3-2020      Plan of correction implementation status as of 3-3-2020  
(Date)      (Date)

Implemented  
 Not Implemented

The above plan of correction was approved by MM  
(Initials)

183a - Original Containers and Injections

Regulations

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Resident #2's 8:00AM medications were not administered within the allowable time frames. A medication cup with the following medications were found at 2:00PM:

Duloxetine 60 mg cap. 1 cap daily for major depression

Levothyroxine 150mcg 1 tab by mouth daily in the morning for hypothyroidism

Metformin 500 mg tab. take 1 tab. 2 times a day.

Vitamin D3 1,000UN take one tab. daily

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.)

Resident #2 refused taking 8:00am medications. Resident #2 does not wish to be woken up at 8:00am to take medications. Resident #2 wishes to have medications administered late morning, lunch time and dinner time. Resident #2 medication administration times were changed to have medications administered to the times the resident wishes. See attachment C.

Med tech was immediately re trained by the Director of Health and Wellness on medication administration, refusals, disposal of medication, pre-pouring medications, and keeping medications in their original containers. See attachment D. Staff that administer medications were re-trained by the Director of Health and Wellness medication administration, refusals, disposal of medication and keeping medications in their original containers. See attachment F. Director of Health and Wellness/Designee will conduct random audits/med tech observations monthly for 3 months, as well as weekly random med cart checks to ensure medications are kept in their original containers. See attachment E.

Executive Director will monitor for compliance.

Legal Entity Representative

*Keely Lane*  
Signature

*Kelly Frank, Exec Director*      *2/25/20*  
Printed Name and Title      Date

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(Date)

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(Date)

Implemented

Not Implemented

The above plan of correction was approved by MM  
(Initials)

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On the date of inspection this licensing rep. observed one white loose pill lying on the floor in the home's medication room. The origin of medication was undetermined, and the staff disposed of the medication properly.

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.)

Staff that administer medications were re-trained by the Director of Health and Wellness medication administration, refusals, disposal of medication and keeping medications in their original containers. See attachment F. Director of Health and Wellness/Designee will conduct random audits/med tech observations monthly for 3 months, as well as weekly random med cart checks to ensure medications are kept in their original containers. See attachment E.

Executive Director will monitor for compliance.

Legal Entity Representative

*Kelly Hale*  
Signature

*Kelly Hale, Exec Director*  
Printed Name and Title

*2/25/20*  
Date

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(Date)

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(Date)

- Implemented
- Not Implemented

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(Initials)