



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to TWIN CEDARS SENIOR LIVING LLC  
LEGAL ENTITY

To operate TWIN CEDARS SENIOR LIVING  
NAME OF FACILITY OR AGENCY

Located at 364 LITTLE WALKER ROAD, SHOHOLA, PA 18458  
(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 37  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

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 December 21, 2018 until June 21, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **222861**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

**DEC 21 2018**

Ms. Tamara Singer  
Chief Executive Officer/Administrator  
Twin Cedars Senior Living LLC  
364 Little Walker Road  
Shohola, Pennsylvania 18458

RE: Twin Cedars Senior Living  
License #: 222861

Dear Ms. Singer:

As a result of the Department's Bureau of Human Services Licensing inspection on September 13, 2018 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 222860 dated June 1, 2018 to June 1, 2019 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 1, 2018 to June 1, 2019 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Ms. Singer

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Rowe". The signature is stylized with a large loop at the beginning and a long horizontal stroke.

Jacqueline L. Rowe  
Director

Enclosures

License

License Inspection Summary

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

PCH Name: TWIN CEDARS SENIOR LIVING		License Number: 22286
Address: 364 LITTLE WALKER ROAD, SHOHOLA, PA 18458		County: Pike
Administrator: Tamara Singer		Region: NORTHEAST
Legal Entity Name: TWIN CEDARS SENIOR LIVING LLC		
Legal Entity Address: 364 LITTLE WALKER ROAD, SHOHOLA, PA 18458		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/08/1995 L&I		
<b>Staffing Hours</b> Resident Support: 0		Total Daily Staff: 35 Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/13/2018: Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 09/19/2018: Harvey, Jason		
<b>Other Details</b> Partial or Full Triggers:		
Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 37 Number of Residents Served: 34 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 22286 - 09/13/2018 - Harvey, Jason  
PCH Name: TWIN CEDARS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1, who is [redacted] years old, was admitted to the Personal Care Home on 7/6/18. The resident has multiple serious medical diagnoses, including Hypertension, Atrial Fibrillation, Coronary Artery Disease, Carcinoma of the Bone, Degenerative Joint Disease and Neurologic Gait Dysfunction. The resident is also required to wear a 2011 Cardiac Life Vest due to their heart problems. The resident's Power of Attorney was issued a 30-day discharge notice by the operator of the PCH in August 2018. On 9/11/18, the operator contacted a Licensing Supervisor at the BHSI, NE regional office regarding a discharge plan for resident #1. The operator stated that the discharge plan was to have the resident transported back to their residence in Tom's River New Jersey via Uber, which is over a three-hour drive. The Licensing Supervisor advised the operator that this was an unsafe discharge and discussed the legal ramifications of abandonment of an older adult by a caregiver. The operator then consulted with her attorney and decided to have the resident driven back to New Jersey via Uber against the direction from BHSI. According to an interview conducted with the Uber driver, the resident began vomiting at some point during the drive and became unresponsive. Upon arrival back at their home, the resident's spouse called 911 and EMS transported the resident to the Community Medical Center in Tom's River. After being seen in the E.R., the resident was intubated, placed on a ventilator and admitted to the ICU. The resident has since been discharged from the hospital and is currently in a Skilled Nursing Facility. The resident was a victim of neglect due to the unsafe discharge by the operator of the Personal Care Home.

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.

I disagree with this violation. The story regarding Resident #1 is very complex with many different parties involved + their abandonment of this resident.  
-In the future, if this type of situation were to occur, the home would respond in the following manner for all voluntary or involuntary discharges:  
① The Administrator +/or nurse will consult with resident's physician if there was a question as to whether the resident was medically stable  
② The Administrator will consult with the Department for discharges in questionable situations + follow their advice.  
③ The Administrator will contact Pike AAA for assistance  
④ The Administrator will contact local law enforcement for →

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jamara Singer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAMARA SINGER, Administrator*      Date *12/20/18*

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

The above plan of correction is approved as of <u>12/20/18</u> (Date)	Plan of correction implementation status as of <u>12/20/18</u> (Date)
The above plan of correction was approved by <u>B.G.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

(continued)

Assistance.

- ⑤ The Administrator will always be mindful of the care needs of a resident being discharged + ensure a safe discharge plan
- ⑥ The Administrator will follow all above steps in situations when a resident is cognitively impaired or clear in the mind + also if or when a resident insists on leaving the facility - The home cannot hold a resident against his/her will, but will always follow above procedure in the future.

Violation Report: 22286 - 09/13/2018 - Harvey, Jason  
PCH Name: TWIN CEDARS SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.228(b) - If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

2a. DESCRIPTION OF VIOLATION

The home gave a 30 day discharge notice to resident #1 that was dated 8/10/18. The 30 day discharged notice indicated a discharge date of 9/8/18 which was only a 28 day notice of discharge.

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 Administrator will be more careful in counting the number of days that make up a 30 day discharge. Letters of 30 day discharges will state the intended discharge date, as residents will always have 30 days advance notice.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Tamara Singer*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

TAMARA SINGER, Administrator

Date 12/4/18


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

The above plan of correction is approved as of

12-6-18  
(Date)

Plan of correction implementation status as of 12-10-18  
(Date)

The above plan of correction was approved by

  
(Initials)

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