

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STANDISH'S ASSISTED LIVING, INC.

LEGAL ENTITY

To operate STANDISH'S ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301

(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 6  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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 January 25, 2010 until January 25, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **406300**

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 26 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Jo Ann Standish, Administrator  
Standish's Assisted Living, Inc.  
Standish's Assisted Living  
158 Chestnut Ridge Road  
Washington, Pennsylvania 15301

Dear Ms. Standish:

As a result of the Department of Public Welfare's licensing inspection on December 3, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Standish's Assisted Living 150 Chestnut Ridge Road Washington, Pa. 15301		<b>CURRENT LICENSE NUMBER</b> 406300	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) December 3, 2009		<b>REGIONAL REPRESENTATIVE</b> Brenda McAfee / Mindy Orme	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>John Standish</i>	<b>DATE</b> 12/30/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 1-4-10

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The toilet was loose in residents bathroom located off of Living/Dining Rooms.	12/4/09	toilet was tightened to base of floor direct care staff and Administrator to monitor daily to check that toilet stays secured.	1-4-10 <i>[Signature]</i>

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Standish's Assisted Living 158 Chestnut Ridge Road Washington, Pa. 15301		<b>CURRENT LICENSE NUMBER</b> 406300	
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) December 3, 2009		<b>REGIONAL REPRESENTATIVE</b> Brenda McAfee / Mindy Orme	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>John Standish</i>	<b>DATE</b> 12/30/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 1-4-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable	The home's emergency procedures do not indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable <i>inoperable</i>	12/2/09  12/30/09 <i>ju</i>	Created policy and procedure to add to Fire alarm procedure when fire alarms are inoperable.  - Will educate staff on new policy and have a sign off sheet (kept in house) for staff as to new procedure. Staff will indicate all dates when training occurred.  - All added to emergency procedure - wrote in but will incorporate	1-4-10 <i>[Signature]</i>

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Standish's Assisted Living 158 Chestnut Ridge Road Washington, Pa. 15301		<b>CURRENT LICENSE NUMBER</b> 406300	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) December 3, 2009		<b>REGIONAL REPRESENTATIVE</b> Brenda McAfee / Mindy Orme	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Edann Standish</i>	<b>DATE</b> 12/30/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 1-4-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
161b At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.	December menu did not reflect alternative foods for all meals.	12/5/09	Alternative menu was <u>created</u> and <u>updated</u> and will be <u>revised</u> every 2 weeks and <u>as needed</u> . It will be <u>monitored</u> by administrator and direct care staff every 2 weeks.	Steps have been taken to correct violation; full compliance is not verifiable 1-4-10 Date <i>[Signature]</i> Initials (DPW)

2 weeks.

*Thank you*