

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PERRY SOUTH PERSONAL CARE HOME, LTD

LEGAL ENTITY

To operate PERRY SOUTH PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 1129 TWEED STREET, PITTSBURGH, PA 15204

(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 8  
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 March 31, 2010 until March 31, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433730

*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

MAR 25 2010

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

Ms. Linda Howard, Administrator  
Perry South Personal Care Home, LTD  
Perry South Personal Care Home  
1129 Tweed Street  
Pittsburgh, Pennsylvania 15204

Dear Ms. Howard:

As a result of the Department of Public Welfare's licensing inspection on February 3, 2010 and February 16, 2010 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**

*Western Region*

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		Adult Residential Licensing 233730	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
February 3, 2010		Michael Marini, Melinda Orme	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Linda Howard</i>	2-25-10	<i>Jim B. Kimberlin (JKB)</i>	3-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
<p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified</p>	<p>Resident #1 was admitted on 4/23/09. The resident's initial medical evaluation is dated 8/7/09.</p>	<p>2-25-10</p> <p>3-17-10</p> <p>3-17-10</p>	<p>"A" will make sure everyone has a Medical Evaluation and the correct dates will correspond with Admission</p> <p>The Administrator or designated staff person will create a new resident checklist to ensure all medical evaluations are completed within 30 days after admission 2-25-10</p> <p>The Administrator will review all new resident records to ensure all medical evaluations are completed within 30 days after admission 2-25-10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/16/10 <i>DW</i></p> <p>Date Initials (DPW)</p>

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

2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		Adult Residential Licensing 433730	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
February 3, 2010		Michael Marini, Melinda Orme	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Linda Howard</i>	<i>Feb-25/10</i>		<i>3-22-10</i>

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
by the Department, within 60 days prior to admission or within 30 days after admission.				

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

1 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 433730	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michael Marini, Melinda Orme	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Linda Howard</i>	<b>DATE</b> 2-25-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 3-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.	Resident #1 was admitted on 4/23/09. The resident's initial assessment was dated 5/10/09.	2-25-10	There WAS A Three DAY violation; this will be corrected by the Administrator, by making sure the paper OR form's ARE completed ON time. this should make sure it does NOT happen AGAIN	Steps have been taken to correct violation; full compliance is not verifiable 3-16-10 DW Date Initials (DPW)
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service		3-17-10	The Administrator or designated staff person will create a new resident checklist to ensure all new residents have an assessment	

3-17-10  
Completed within 15 days of admission 3/15/10  
The Administrator will review all new resident records to ensure all new residents have an assessment completed within 15 days of admission 3-15-10

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

2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		Adult Residential Licensing 433730	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
February 3, 2010		Michael Marini, Melinda Orme	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Linda Howard</i>	2-25-10	<i>ML</i>	7-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
agency may complete the initial assessment.		2-25-10		

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		Adult Residential Licensing	CURRENT LICENSE NUMBER 433730
INSPECTION DATE(S) (Include all dates of the inspection) February 3, 2010		REGIONAL REPRESENTATIVE Michael Marini, Melinda Orme	
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 2-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
26a The home shall establish and implement a quality management plan.	The last quality management review was conducted on 6/25/08.	2-25-10	A quality management review was done on 2-26-10 all aspects of the plan was reviewed and will be updated on changes yearly including residents, contract numbers, meds, and location of emergency placement.  The administrator will schedule an annual quality management review which includes all required topics 7-15-10	3-22-10 <i>[Signature]</i>

3-17-10

VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 1 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		Adult Residential Licensing	CURRENT LICENSE NUMBER 433730
INSPECTION DATE(S) (Include all dates of the inspection) February 3, 2010		REGIONAL REPRESENTATIVE Michael Marini, Melinda Orme	
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 2-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The kitchen freezer's temperature was 16° F and the kitchen refrigerator's temperature was 49.5° F.  The basement's freezer temperature was 19°F.	2-25-10          3-17-10	All refrigerators & freezers were defrosted and brought down to the correct temps. to maintain this they will be kept free from frost and checked <del>monthly</del> daily by staff using  The administrator will check all refrigerator and freezer temperatures weekly. Documentation will be kept using	Steps have been taken to correct violation; full compliance is not verifiable 3-16-10 <i>DW</i> Date Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

1 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		CURRENT LICENSE NUMBER Adult Residential Licensing 433730	
INSPECTION DATE(S) (Include all dates of the inspection) February 3, 2010		REGIONAL REPRESENTATIVE Michael Marini, Melinda Orme	
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 2-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gll</i>	DATE 3-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
.105g-1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	There was an accumulation of lint in the lint traps of both dryers in the basement. The dryers were not in use.	2-25-10  3-16-10	Dryers will be checked for lint after we are finished using them, to prevent hazards. All employees were instructed to clean them out when finished.  The administrator or designated STAFF person will check all clothes dryers weekly to assure there is no lint accumulation. 3-15-10	3-16-10 DW

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		Adult Residential Licensing	CURRENT LICENSE NUMBER 433730
INSPECTION DATE(S) (Include all dates of the inspection) February 3, 2010		REGIONAL REPRESENTATIVE Michael Marini, Melinda Orme	
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 2-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JPL</i>	DATE 3-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
105g-2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	There was an accumulation of lint in the dryer vent.	2-25-10  3-16-10	vents & duct work will be cleaned out when finished doing laundry, All persons were instructed to keep clean  The Administrator or designated STAFF person will check all dryer vents weekly to ensure there is no accumulation of lint 7-15-10	3-16-10 DW

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

NAME AND ADDRESS OF PERSONAL CARE HOME Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		CURRENT LICENSE NUMBER Adult Residential Licensing 433730	
INSPECTION DATE(S) (Include all dates of the inspection) February 3, 2010		REGIONAL REPRESENTATIVE Michael Marini, Melinda Orme	
SIGNATURE OF LEGAL ENTITY <i>Judith Howard</i>	DATE 2-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
132e A fire drill shall be held during sleeping hours once every 6 months.	The last fire drill conducted during sleeping hours was at 12:00 AM on June 15, 2009	2-5-10  3-5-10	A Fire drill was done with the city of Pgh Fire Dept during sleeping hours see Attached Drill & inspection  The administrator will monitor the fire drill record to ensure a sleeping hours fire drill is conducted at least every six months. 3-15-10	Steps have been taken to correct violation; full compliance is not verifiable 3-16-10 Date Initials (DPW) DW

NAME AND ADDRESS OF PERSONAL CARE HOME Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		Adult Residential Licensing	CURRENT LICENSE NUMBER 433730
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SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 2-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-22-10

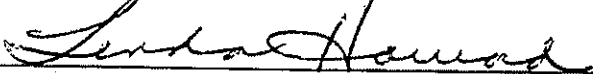
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141a-2 The medical evaluation shall include the following:  (4) Special health or dietary needs of the resident.  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #2's medical evaluation, dated 9/4/09, does not document the resident's medication regimen or dietary needs.	2-26-10	DR. For #2 made A house visit and made A correction on the MA-51 and we will check all forms after completion. special needs will be followed up more carefully to see to it does not happen in the future. STAFF WAS ADVISED.	3-22-10 <i>per</i>

2-26-10 The Administrator or designated staff person will review all current

2-26-10 medical evaluations for completion 3-15-10  
The Administrator or designated staff person will monitor all new medical evaluations for completion 3-15-10

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

2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		Adult Residential Licensing	<b>CURRENT LICENSE NUMBER</b> 433730
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Michael Marini, Melinda Orme	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 2-25-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 3-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
183a-1 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.	According to administrator A, resident #3 receives metformin in a large bottle. Administrator A transfers half the pills into another bottle when they are received at the home so there is a bottle for AM and a bottle for PM.	2-25-10          2-25-10	Everyone was informed "NOT" to divide up medication and to keep it in original bottle.  The administrator or designated person will monitor medication storage monthly to ensure all medication is stored in the original labeled containers. 2-15-10	Steps have been taken correct violation; full compliance is not verified. 3-16-10 <u>DW</u> Date Initials

NAME AND ADDRESS OF PERSONAL CARE HOME Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		CURRENT LICENSE NUMBER Adult Residential Licensing 433730	
INSPECTION DATE(S) (Include all dates of the inspection) February 3, 2010		REGIONAL REPRESENTATIVE Michael Marini, Melinda Orme	
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 2-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-27-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (6) Dose.  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	There were no diagnoses listed in the medication administration record for any of the home's resident's medications.  Resident #3 was prescribed 1000mg of metformin, 4 times a day. The medication administration record indicates the resident takes 50 mg. of metformin, 4 times a day.	2-25-10	Medicine Shoppe where we receive meds was asked to include dose, diagnosis or purpose for each medication  "A" will verify medication dose with bottle or RF with the Med Record  Everyone will double check before signing	3-16-10 DPW

2-25-10 The Administrator or designated staff person will monitor all MAR's monthly to ensure the purpose and diagnosis are listed for all medications and the correct dosage is indicated  
2-15-10

See Attached for List of Medications

NAME AND ADDRESS OF PERSONAL CARE HOME Perry South Personal Care Home, 1129 Tweed Street, Pittsburgh, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATE(S) (Include all dates of the inspection) February 3, 2010		REGIONAL REPRESENTATIVE Michael Marini, Melinda Orme	
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 2-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-22-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
187d The home shall follow the directions of the prescriber.	Resident #4 was prescribed 2 puffs of albuterol .83mg/ml, 4 times a day and 1 tablet of meloxicam 15 mg twice a day. On February 1, 2010 resident #4 did not receive either medication.	2-25-10	# 4 Refused to take medication on that day. IT is in place now to use the symbol (R) for Refused on any day or time it is Refused. Every one was informed to make sure it does not happen in the future	Steps have been taken to correct violation; full compliance is not verifiable 3-16-10 DW Date Initials (DPW)

2-25-10

The Administrator or designated staff person will review all medication refusals to ensure complete and accurate documentation and that all medication refusal procedures are followed. 3-15-10/16