

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN SENIOR CARE, INC.

LEGAL ENTITY

To operate SOUTHMINSTER PLACE

NAME OF FACILITY OR AGENCY

Located at 880 SOUTH MAIN STREET, 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 90

(MAXIMUM CAPACITY)

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

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

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 June 22, 2010 until June 22, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 415930

*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

JUL 02 2010

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

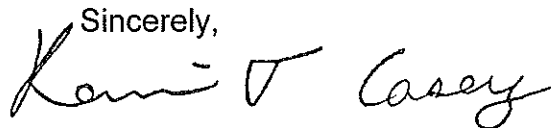
Mr. Greg Malisky, Senior Director  
Presbyterian Senior Care, Inc.  
Southminster Place  
880 South Main Street  
Washington, Pennsylvania 15301

Dear Mr. Malisky:

As a result of the Department of Public Welfare's licensing inspection on April 27, 2010 and April 28, 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.


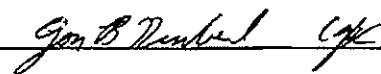
Sincerely,  



Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

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

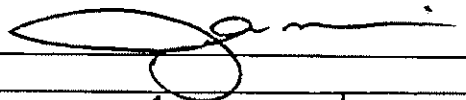
REV 9 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing #15930	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) April 27, 2010 and April 28, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano and Lisa Flinner-Alman (4/27/20 and 4/28/10)	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION</b> (Required on FIRST PAGE only unless multiple representatives produce the plan)			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 6-4-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 6-9-10

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
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	Resident # 1's contract dated 07/01/2009 is not signed by the resident and is there no indication that the resident refused or was unable to sign.	6/1/10	<p>A COMPLETE AUDIT OF EVERY ADMISSION AGREEMENT IN THE FACILITY HAS BEEN COMPLETED. A MONTHLY AUDIT WILL BE CONDUCTED ON THE ADMISSIONS AGREEMENTS OF NEW ADMISSIONS TO VERIFY RESIDENT SIGNATURE OR UNABLE TO SIGN.</p> <p>RESIDENT #1 CONTRACT HAS BE CORRECTED WITH "RESIDENT UNABLE TO SIGN".</p> <p>ADMINISTRATOR WILL ENSURE COMPLIANCE</p>	6-10-10 

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

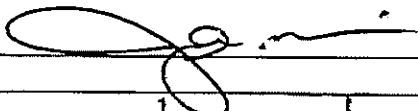
JUN 9 2010

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25c12 The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.	Resident #2 admitted on 10/03/09, has a contract dated 10/03/09, which does not indicate the rate charged by the home for a bed hold.	6/1/10	A COMPLETE AUDIT OF EVERY ADMISSION AGREEMENT IN THE FACILITY HAS BEEN COMPLETED. A MONTHLY AUDIT WILL BE CONDUCTED ON THE ADMISSIONS AGREEMENTS OF NEW ADMISSIONS TO VERIFY THE CHARGE FOR BED HOLD IS FILLED IN.  THE BED HOLD CHARGE ON THE CONTRACT FOR RESIDENT #2 HAS BEEN COMPLETED.  ADMINISTRATOR WILL ENSURE COMPLIANCE	6-10-10 <i>gk</i>

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

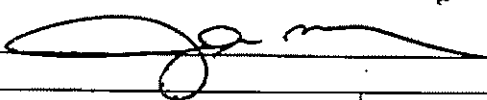

JUN 9 2010


<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 415930	
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85a Sanitary conditions shall be maintained.	Based on a review of practices and protocols of the home's medical equipment and interview of staff person A, all the home's diabetic residents share the same glucomoter. (observed 04/27/2010)  There were two (2) black pot holders in the drawer to the left of the stove in the kitchenette area of the home's secure dementia unit which were dirty and had cooked food adhering to the pot holders at the time of inspection. (observed 04/28/2010)	4/1/10	ADMINISTRATOR WILL ENSURE COMPLIANCE A POLICY/PROCEDURE ON "GLUCOMETER TESTING" HAS BEEN UPDATED. THE POLICY REQUIRES EACH RESIDENT ORDERED GLUCOMETER CHECKS WILL HAVE THEIR OWN GLUCOMETERS/SUPPLIES MAINTAINED IN THEIR ROOM. EACH RESIDENT ORDERED GLUCOMETER CHECKS NOW HAS THEIR OWN GLUCOMETER. 2 BLACK POT HOLDERS HAVE BEEN DISCARDED & REPLACED. IN DAILY ROOMS ADMINISTRATOR WILL ADDRESS & CORRECT UNSANITARY CONDITIONS INCLUDING CHECKING POT HOLDERS.	Steps have been taken to correct violation; full compliance is not verifiable 6-10-10 Date Initials (DPW)

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

JUN 9 2010


<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> 415930 <i>Adult Residential Licensing</i>
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) April 27, 2010 and April 28, 2010	<b>REGIONAL REPRESENTATIVE</b> Anne Grazlano and Lisa Flinner-Alman (4/27/10 and 4/28/10)	
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	None of the required telephone numbers were posted by the telephone on room #218. (observed 4/28/10)	6/1/10	EVERY PHONE IN THE FACILITY HAS BEEN CHECKED FOR REQUIRED TELEPHONE NUMBERS. A MONTHLY AUDIT WILL BE COMPLETED. ADMINISTRATOR WILL OVERSEE COMPLIANCE.	6-10-10 

Western Region

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

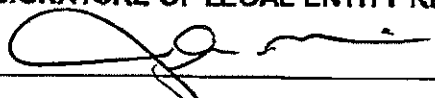
APR 9 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 495930	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) April 27, 2010 and April 28, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano and Lisa Flinner-Alman (4/27/20 and 4/28/10)	
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	In the kitchen area of the home's secure dementia unit, there is an under the counter drawer on the right side of the cabinet area. The laminate surface of the drawer is damaged with an area 2 inches high by 3 inches wide of missing laminate, leaving a jagged and sharp edge of laminate material exposed. (observed 4/28/10)	4/1/10	ADMINISTRATOR DURING DAILY ROUNDING WILL IDENTIFY SAFETY ISSUES & CORRECT THEM. SAFETY CONCERNS WILL BE IMMEDIATELY REPORTED TO BUILDING SERVICES. ADMINISTRATOR WILL MONITOR SAFETY CORRECTIONS. KITCHEN CABINET DRAWER HAS HAD LAMINATE REMOVED & BEEN PAINTED.	6-10-10 

# Western Region



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


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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home's emergency water contract dated 01/07/10 with Dean's Water Service, states in part "in the event of a regional catastrophe, our obligation to you would be limited". The letter does not address immediate delivery and the home does not have a three (3) day supply of water in the home.	6/8/10	DEAN'S WATER SERVICE WILL DELIVER ON TUESDAY 6/8/10 300 GALLONS OF EMERGENCY WATER SUPPLY FOR 3 DAYS. EMERGENCY SUPPLY WILL BE REPLACED EVERY 12 MONTHS TO MAINTAIN SAFETY. ADMINISTRATOR WILL MANAGE EMERGENCY WATER SUPPLY.	6-10-10 <i>g</i>

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

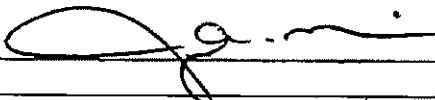
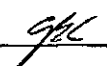
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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	<p>The fire drill record does not specify the amount of time the evacuation took in minutes and seconds. The fire drill record indicates:</p> <ul style="list-style-type: none"> <li>• 3/3/10 at 8:30am; 2:50.</li> <li>• 2/25/10 at 11:00am; 3:00.</li> <li>• 1/12/10 at 2:30am; 4:00.</li> <li>• 12/8/09 at 4:30pm; 3:00.</li> </ul> <p>The fire drill record does not specify the exit routes used for any of the past twelve fire drills conducted from 04/29/09 to 03/03/10. The fire drill record indicates "Fire Safe Areas".</p>	<p>6/1/10</p> <p>6/1/10</p>	<p><i>ALL FUTURE FIRE DRILLS WILL INCLUDE MINUTES &amp; SECONDS FOR EXACT EVACUATION TIME.</i></p> <p><i>THE FIRE DRILL RECORD WILL INCLUDE THE EXIT ROUTES USED FOR EVACUATION &amp; ROUTES USED WILL BE VARIED MONTHLY.</i></p> <p><i>THE ADMINISTRATOR/DESIGNEE WILL BE RESPONSIBLE FOR COMPLIANCE</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-10-10 </p> <p>Date Initials (DPW)</p>

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

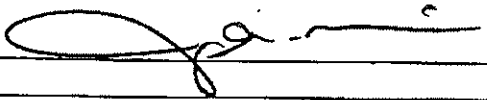

JUN 9 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Southminster Place 880 South Main Street, Washington, PA 15301		CURRENT LICENSE NUMBER 415930	
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132e A fire drill shall be held during sleeping hours once every 6 months.	The fire drill record indicates the last sleeping hours fire drill was conducted on 10/16/09.	6/1/10	FIRE DRILLS DURING SLEEPING HOURS WILL BE CONDUCTED WITHIN EXACTLY 6 MONTHS.  THE ADMINISTRATOR OR DESIGNEE WILL BE RESPONSIBLE FOR COMPLIANCE.	Steps have been taken to correct violation; full compliance is not verifiable 6-11-10 Date Initials (DPW)

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

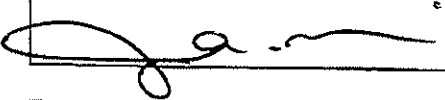

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132f Alternate exit routes shall be used during fire drills.	The home has not used alternate exit routes for any of the past twelve fire drills conducted from 04/29/09 to 03/03/10. The fire drill record indicates "Fire Safe Areas".	6/1/10	<i>EVACUATION ROUTES WILL BE ALTERED MONTHLY &amp; DOCUMENTED ON THE 'FIRE DRILL RECORD.  THE ADMINISTRATOR OR DESIGNEE WILL BE RESPONSIBLE FOR COMPLIANCE.</i>	Steps have been taken to correct violation; full compliance is not verifiable 6-10-10 <i>SL</i> Date Initials (DPW)

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



JUL 9 2010

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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	The dining area of the secure dementia unit of the home has an exit door that leads to the home's exterior courtyard. The courtyard is used in emergency situations and for fire drill practices. The door does not have the required exit sign,	6/8/10	EXIT SIGNS WILL BE PLACED AT THE EXITS (2 FRENCH DOORS) TO THE WANDER GARDEN ON THE DEMENTIA UNIT.  ADMINISTRATOR IS RESPONSIBLE FOR COMPLIANCE	6-10-10 



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REGULATION 55 Pa.Code § 2500.	VIOLATION	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
141a-2 The medical evaluation shall include the following:  (4) Special health or dietary needs of the resident.	The medical evaluations of resident #2 dated 10/05/09 and 12/21/09 do not include the dietary needs of the resident.  The medical evaluation of Resident #3 dated 04/17/09 does not include the dietary needs of the resident.	6/4/10  6/4/10	THE MEDICAL EVALUATION FOR RESIDENT #2 HAS BEEN CORRECTED TO INCLUDE DIETARY NEEDS  THE MEDICAL EVALUATION OF RESIDENT #3 HAS BEEN CORRECTED TO INCLUDE DIETARY NEEDS  THE ADMINISTRATOR OR DESIGNEE IS RESPONSIBLE FOR COMPLIANCE.  ALL MEDICAL EVALUATIONS FOR EVERY RESIDENT HAVE BEEN CHECKED FOR COMPLIANCE.	6-10-10 g

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

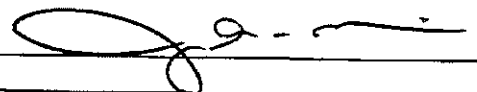

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		Adult Residential Licensing	<b>CURRENT LICENSE NUMBER</b> 415930
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) April 27, 2010 and April 28, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano and Lisa Flinner-Alman (4/27/20 and 4/28/10)	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION</b> (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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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
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of	The home's 2002 Ford minibus first aid kit contained five (5) individual packets of "first aid" brand antibacterial topical bacitracin zinc, neomycin sulfate, polymyxin B sulfate ointment, expiration date 02/2010 and a 16 ounce bottle of "swan" brand hydrogen peroxide topical solution that expired in 10/2008. (observed 4/27/10)	6/1/10	5 INDIVIDUAL PACKETS OF "1ST AID" ANTIBACTERIAL TOPICAL BACITRACIN ZINC, NEOMYCIN SULFATE, POLYMYXIN B SULFATE OINTMENT EXPIRED 2/20/10 HAS BEEN DISCARDED & REPLACED.  16 OUNCE BOTTLE OF "SWAN" BRAND HYDROGEN PEROXIDE TOPICAL SOLUTION HAS BEEN DISCARDED & REPLACED.  ADMINISTRATOR WILL OR DESIGNEE WILL MONITOR COMPLIANCE.	6-10-10 g

Western Region

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

APR 9 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 495930	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) April 27, 2010 and April 28, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano and Lisa Flinner-Alman (4/27/20 and 4/28/10)	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION</b> (Required on FIRST PAGE only unless multiple representatives produce the plan)			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 6-9-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 6-9-10

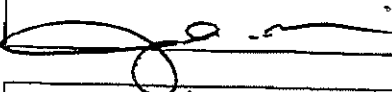

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
departure from the home.				

VIOLATION REPORT <sup>Western Region</sup>  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> 415930
<b>INSPECTION DATE(S)</b> (include all dates of the inspection) April 27, 2010 and April 28, 2010	<b>REGIONAL REPRESENTATIVE</b> Anne Graziano and Lisa Flinner-Alman (4/27/20 and 4/28/10)	
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		<b>DATE</b> 6-9-10


1 REGULATION 55 Pa.Code § 2800.	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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #4 has a prescription order for Tylenol extra strength 500mg PRN. The medication was not available in the home for administration. (observed 4/27/10)  There was an unattended blister package of medication which indicated in red ink aricpet, 10mg, sitting on top of the medication cart in the dining area of the secure dementia unit. Staff member B stated the blister package was found in bottom drawer of the medication cart and was getting ready to discard it and was called away from the cart. (observed 4/28/10)	4/27/10           4/29/10	TYLENOL EXTRA STRENGTH 500MG DELIVERED FOR RESIDENT #4 THE AFTERNOON OF 4/27/10. STAFF TRAINING PROVIDED REGARDING MORE TIMELY RE-ORDERING OF MEDICATIONS TRAINING PROVIDED 6/1/10 - 6/5/10. FULL AUDIT OF MEDICATION CARTS TO BE COMPLETED EVERY 2 WEEKS ARICET 10MG ORDERED & RECEIVED 4/29/10 WITH CORRECT PHARMACY LABEL. STAFF TRAINING PROVIDED 6/1/10 - 6/5/10 REGARDING PROPER MEDICATION LABELING, LEAVING MEDICATION UNATTENDED, & RESIDENT CONFIDENTIALITY ADMINISTRATOR WILL MONITOR COMPLIANCE.	Steps have been taken to correct violation; full compliance is not verifiable. 6-10-10 Date Initials (DPW)

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> 415930
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) April 27, 2010 and April 28, 2010	<b>REGIONAL REPRESENTATIVE</b> Anne Graziano and Lisa Flinner-Alman (4/27/20 and 4/28/10)	
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		<b>DATE</b> 6-9-10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (6) Dose. (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	The home has a medication administration record (MAR) master key dated 01/01/10 indicating the name and initials of staff persons administering medications. The MAR key is not updated monthly as required. (observed 4/27/10)  On 04/28/2010 none of the 8:00am medications for residents #5 through #13 were initialed as being administered. (observed 4/28/10)  The April 2010 MAR for resident #9 indicates diphenox/atrop 2.5/0.25 mg tablets, three (3) times daily and 2.5 mg geq lomotil, no dosage is listed on the	4/28/10  4/28/10  4/28/10	THE MAR KEY HAS BEEN UPDATED I WILL BE UPDATED MONTHLY FROM THIS POINT FORTH. ADMINISTRATOR WILL MONITOR COMPLIANCE.  MEDICATIONS FOR 8:00AM FOR RESIDENTS #5-#13 HAVE INITIALED. STAFF TRAINING PROVIDED 6/1/10 - 6/4/10 REGARDING INITIALIZING MEDICATION RECORD AS ADMINISTERED. ADMINISTRATOR WILL MONITOR COMPLIANCE. MAR FOR RESIDENT #9 HAS BEEN CORRECTED TO INCLUDE DOSAGE FOR DIPHENOX / ATROP. STAFF TRAINING PROVIDED 6/1/10 - 6/4/10 FOR REGULATION 187A. ADMINISTRATOR WILL MONITOR COMPLIANCE.	Steps have been taken to correct violation; full compliance is not verifiable 6-10-10 Date Initials (DPW)

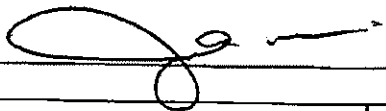
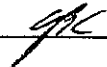
**VIOLATION REPORT** *Western Region*  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> 415930	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 27, 2010 and April 28, 2010		<b>REGIONAL REPRESENTATIVE</b> Licensing Anne Graziano and Lisa Flinner-Alman (4/27/20 and 4/28/10)	
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 6-4-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 6-9-10

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
	MAR. (observed 4/28/10)  Repeated violation (02/12/09-217/09)			

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



JUN 9 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Southminster Place 880 South Main Street, Washington, PA 15301		CURRENT LICENSE NUMBER Adult Residential Licensing 9415930	
INSPECTION DATE(S) (Include all dates of the inspection) April 27, 2010 and April 28, 2010		REGIONAL REPRESENTATIVE Anne Graziano and Lisa Flinner-Alman (4/27/20 and 4/28/10)	
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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
187d The home shall follow the directions of the prescriber.	Resident #14 is prescribed Two Cal HN 3 ounces orally four times a day. The medication was not available in the home or administered on the following days: <ul style="list-style-type: none"> <li>On 04/08/10 and 04/27/10 at 9:00am, 1:00pm, 5:00pm and 9:00pm.</li> <li>On 01/28/10 at 9:00am and 1:00pm.</li> </ul> (observed 4/28/10)	4/29/10	TWO CAL HN 3 OUNCES RECEIVED 4/29/10. STAFF TRAINED 6/1/10 - 6/4/10 REGARDING REGULATION 187D. ADMINISTRATOR WILL MONITOR COMPLIANCE.	Steps have been taken to correct violation; full compliance is not verifiable Date: 6-10-10 Initials (DPW): SJ



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

REV 9-2007

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 415930	
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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
202 The following procedures are prohibited: (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.	Resident #10 is prescribed Ativan, 0.5 mg tablets one by mouth twice daily as needed for pacing and rapid breathing. The back of the April medication administration record for 04/04/10 at 1:00pm indicates "hitting and spitting", on 04/08/10 at 11:00am "hitting/grabbing" and on 04/12/10 at 8:00pm for "hitting resident "X".	4/29/10	STAFF RE-EDUCATED 6/1/10 - 6/4/10 REGARDING PROHIBITION OF CHEMICAL RESTRAINTS. FURTHER ADMINISTRATION OF ATIVAN FOR RESIDENT #10 ADMINISTERED APPROPRIATELY FOR PACING & RAPID BREATHING. ADMINISTRATOR WILL MONITOR COMPLIANCE.	6-10-10 <i>g</i>

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Southminster Place 880 South Main Street, Washington, PA 15301		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 415930
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254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	The home's secure dementia unit's narcotic's log and the medication administration record were located on the top of the unit's medication cart unlocked and unsecured and accessible to others. (observed 4/28/10)	4/28/10	MEDICATION RECORDS NARCOTICS LOG SECURED. STAFF TRAINING PROVIDED 6/1/10 - 6/4/10 REGARDING REGULATION 254C. ADMINISTRATOR WILL MONITOR COMPLIANCE	6-10-10 <i>cf</i>