

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MERCY BEHAVIORAL HEALTH

LEGAL ENTITY

To operate MUNHALL MANOR

NAME OF FACILITY OR AGENCY

Located at 2514 MAIN STREET, MUNHALL, PA 15120

(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 17
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 August 13, 2010 until August 13, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 434730

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

AUG 13 2010

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

Mr. Richard J. Rach, Executive Director
Mercy Life Center Corporation
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Munhall Manor
2514 Main Street
Munhall, Pennsylvania 15120

Dear Mr. Rach:

As a result of the Department of Public Welfare's licensing inspection on June 23, 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,

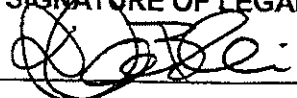
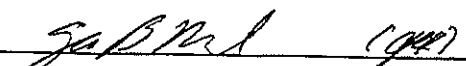
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

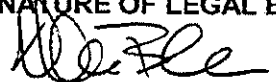
Western Region

| | | | |
|--|---|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Munhall Manor 2514 Main Street Munhall, PA 15120 | | CURRENT LICENSE NUMBER Adult Residential Licensing 434730 | |
| INSPECTION DATE(S) (Include all dates of the inspection) 6-23-2010 | REGIONAL REPRESENTATIVE Tera Newman & Alden Linhart | | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Mike Budai, CMHPCH ADMINISTRATOR | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE  | DATE 7/20/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 7-24-10 |

| 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 |
|--|--|--|---|---|
| <p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.</p> | <p>Staff persons A did not receive resident rights or emergency preparedness training for the homes 2009 training year.</p> <p>Repeat Violation 5/12/2009</p> | <p>7/20/10</p> | <p>STAFF HAD NOT COMPLETED THEIR TRAININGS WHILE AT ANOTHER SITE IN 2009.</p> <p>A MONTHLY TRAINING SCHEDULE HAS BEEN CREATED AND GIVEN TO STAFF FOR 2010. THIS SCHEDULE INCLUDES ALL RELEVANT TRAININGS FOR PCH DIRECT CARE STAFF. TRAININGS WILL BE COMPLETED AND TURNED IN MONTHLY AS THE SCHEDULE DICTATES TO INSURE THAT ALL TRAININGS ARE COMPLETED FOR THE CURRENT TRAINING YEAR. A COPY OF THIS SCHEDULE IS ATTACHED.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7-24-10 Date Initials (DPW)</p> |

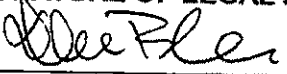
8-15-10 STAFF Person A will receive resident rights and emergency preparedness training. Documentation will be kept. 7-24-10

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

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| (3) Resident rights (under these regulations). | | | | |

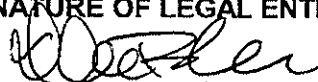

VIOLATION REPORT Western Region
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| 85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents. | One of the two dumpsters outside the home had trash protruding from the top of the dumpster. | 7/20/10 | TRASH HAS BEEN REARRANGED SO THAT ALL CARDBOARD (WHICH TAKES UP A LARGE AMOUNT OF SPACE IN THE CANS) IS NOW BEING STORED IN ONE AREA UNTIL TRASH PICK-UP DAY, WHEN OUR MAINTENANCE MAN WILL TAKE IT OUT TO BE REMOVED BY WASTE MANAGEMENT. THIS INSURES ALL TRASH BAGS CAN BE PROPERLY DISPOSED OF AND COVERED IN OUR TRASH CANS. A PHOTO OF THE STORAGE AREA AND OUR TRASH AREA HAS BEEN ATTACHED. | 7-24-10 g |

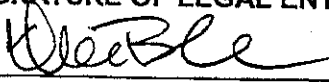

7-23-10 The Administrator or designated staff person will check the trash area daily to ensure all trash is kept in covered receptacles. 7-27-10g

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

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| 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 refrigerator in the homes basement which contained beverages and milk and extra storage items had a reading of 48°F. | INITIAL: 7/20/10 Seal Replaced when it ARRIVES | The refrigerator has been checked and is believed to have a bad seal. A new one has been ordered and will be installed upon its arrival. UNTIL Then, checks are being made after every meal to insure that the fridge is properly sealed and closed to insure a temperature of 40°. STAFF HAVE BEEN MADE AWARE OF THIS and a sign has been placed on the Door as a reminder until the seal is replaced. See photo Attached. | Steps have been taken to correct violation; full compliance is not yet established. 7-24-10 Date Initials (DPW) |

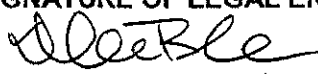

VIOLATION REPORT Western Region
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


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| 103g Food shall be stored in closed or sealed containers. | A clear bag of unsealed cereal was on the emergency storage shelf in the home's basement. | 7/20/10 7-23-10 | The basement has been checked to insure there is no additional improperly stored food. No other items were found. Staff have been reminded of the proper procedures for labeling and storing opened food products. The Administrator or designated staff person will monitor the food storage areas daily to ensure all food is stored in closed sealed containers 7/27/10 | Steps have been taken to correct violation; full compliance is not verifiable 7-24-10 Date Initials (DPW) |

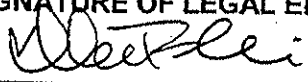

Western Region


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

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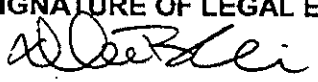

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| 125b Combustible materials shall be inaccessible to residents. | There was a propane grill located in the homes designated smoking area. | 7/20/10 | The propane tank has been moved to our storage shed, which is kept locked. It can only be accessed by staff key. Staff have been informed that it needs to be stored in the locked shed after every use. See Attached Photo | 7-24-10  |


VIOLATION REPORT Western Region
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| 144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits. | Upon arrival at the home Licensing Representative observed a resident smoking on the homes front steps to the walkway. | 7/20/10 | THE resident who likes to smoke on the front steps has been informed [redacted] is no longer allowed to do so. The ashtray has been removed to remind and encourage residents to smoke in the designated smoking area. Staff will remind residents of this policy should a resident be found smoking in this area. See Attached Photo | Steps have been taken to correct violation; full compliance is not verifiable 7-24-10 Date  Initials (DPW) |


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| 225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required. | Resident #1's assessment dated 3-30-10 lists a diagnosis of chronic paranoid schizophrenia, hyperlipidemia, anemia, and HTN. The medical evaluation, dated 6-4-10 lists the above diagnoses plus constipation, and urinary incontinence. | 7/20/10 7-23-10 | all residents assessments have been reviewed to insure all medical issues are correctly listed on their current assessment. A copy of the corrected assessment for resident one is attached. The Administrator or designated staff person will review all newly completed resident assessments for accuracy and completion 7-27-10 | 7-24-10  |

VIOLATION REPORT Western Region
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| 227g Individuals who participate in the development of the support plan shall sign and date the support plan. | Resident #1's support plan was not signed by the residents' counselor who participated in the development of the support plan. | 7/20/10 | All staff have been instructed to review their primary residents charts and insure all support plans have been physically signed by the developer. In the future, all support plans and assessments requiring the Administrator's Signature will be returned to the developer unless it is signed. | 7-24-10  |