

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA - ML, INC.

LEGAL ENTITY

To operate THE DEVONSHIRE OF MT. LEBANON

NAME OF FACILITY OR AGENCY

Located at 1050 MCNEILLY ROAD, PITTSBURGH, PA 15226

(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 80  
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 September 9, 2010 until September 9, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 432360

*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

SEP 14 2010

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

Mr. John P. Rijos, Co-President  
Brookdale Living Communities of Pennsylvania – ML, Inc.  
330 North Wabash Avenue, Suite 1400  
Chicago, Illinois 60611

RE: The Devonshire of Mt. Lebanon  
1050 McNeilly Road  
Pittsburgh, Pennsylvania 15226

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on June 24, 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

NAME AND ADDRESS OF PERSONAL CARE HOME The Devonshire of Mt. Lebanon 1050 McNeilly Road Mt. Lebanon, PA 15226		CURRENT LICENSE NUMBER  432360	
INSPECTION DATE(S) (Include all dates of the inspection)  June 24, 2010	REGIONAL REPRESENTATIVE  John Bungo and Debora McConnell		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)  <i>Judy Corrobba - Director of Assisted Living</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE  <i>Judy Corrobba</i>	DATE  7/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>Gloria Emick</i>	DATE  8/13/10

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
25c7 The contract shall specify the financial arrangements if assistance with financial management is to be provided.	The contracts utilized by the home do not indicate if the home does or does not provide financial management services.	7/20/10	Going forward the community will utilize a new residency agreement, which complies with this requirement. The Executive Director/Designee will verify for compliance on an ongoing basis, (Please see Attached).	8/13/10 <i>DE</i>

JUL 27 2010

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Devonshire of Mt. Lebanon 1050 McNeilly Road Mt. Lebanon, PA 15226		<b>CURRENT LICENSE NUMBER</b>  432360	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>  June 24, 2010		<b>REGIONAL REPRESENTATIVE</b>  John Bungo and Debora McConnell	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>  <i>Judy Carrabba Director of Assisted Living</i>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>  <i>Judy Carrabba</i>		<b>DATE</b>  7-23-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>  <i>Glenn Enoch</i>
			<b>DATE</b>  8/13/10

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66a A staff training plan shall be developed annually.	The home had not completed a staff training plan for 2010.	7/20/10	An annual training plan has been completed. Human Resources and the Executive Director will verify that an annual plan is implemented and used going forward. Compliance with the training plan will be reviewed on a monthly basis by the Executive Director / Designee. (Please see attached).	8/13/10 DE

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) June 24, 2010		REGIONAL REPRESENTATIVE John Bungo and Debora McConnell	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Judy Carcobbia Director of Assisted Living</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Judy Carcobbia</i>		DATE 7-23-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Robin Smith</i>
			DATE 8/13/10

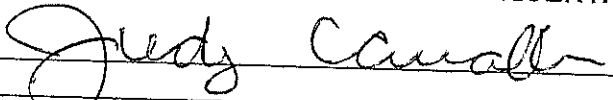
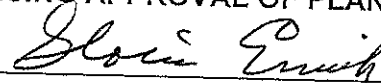
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	Resident Room # 115 has a patio door exiting to the side of the building that could be used as an emergency egress. Outside of this exit is a small patio that has 3 12" X 12" patio pads used for the walkway. The patio pads were not securely placed and rocked when stepped upon. In addition, a hose was lying across this walkway. The pads and hose could potentially create a tripping hazard for residents.	7/19/10	The patio pads have been secured and the hose has been buried underground. The Director of Maintenance conducted a review of the exterior of the building on 7/19/10 and verified the work has been completed. The Director of Maintenance / Designee will monitor during the weekly safety and routine ground inspection and verify this requirement is met on an ongoing basis.	8/13/10 <i>BE</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Judy Corrobbia</i>		DATE <i>7-23-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Ernie</i>
			DATE <i>8/13/10</i>


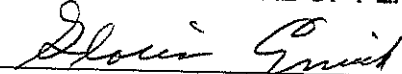
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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	<p>The last letter from a fire safety expert designating a safe evacuation time of 4'30" was dated 4/24/09. The home did not have a letter from the fire safety expert written within the past 12 months. The evacuation times were as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac Time</th> </tr> </thead> <tbody> <tr> <td>12/29/09</td> <td>9:58p</td> <td>4 min</td> </tr> <tr> <td>1/18/10</td> <td>8:14a</td> <td>4 min</td> </tr> <tr> <td>2/27/10</td> <td>11:35p</td> <td>4 min</td> </tr> <tr> <td>3/6/10</td> <td>3:00p</td> <td>3min 30 sec</td> </tr> <tr> <td>4/8/10</td> <td>1:41p</td> <td>4 min 14sec</td> </tr> <tr> <td>5/12/10</td> <td>9:01a</td> <td>4 min</td> </tr> </tbody> </table> <p><i>Repeated Violation-6/29/2009, et al</i></p>	Date	Time	Evac Time	12/29/09	9:58p	4 min	1/18/10	8:14a	4 min	2/27/10	11:35p	4 min	3/6/10	3:00p	3min 30 sec	4/8/10	1:41p	4 min 14sec	5/12/10	9:01a	4 min	7/09/10	<p>A letter from the fire safety expert has been obtained, (please see attached). The Executive Director / Designee will notify the local fire department 2 months prior to the annual deadline to verify compliance with this requirement. The fire drills have been completed within the specified required timeframe and the Executive Director / Designee will monitor the requirement going forward.</p>	8/13/10 SE
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<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> Judy Carrabba Director of Assisted Living				
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 		<b>DATE</b> 7-23-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 8/13/10

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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home's smoking policy does not identify the specific area or designated area for smoking, or address any safety precautions in regard to smoking.	7/19/10	The community has designated a specific area for smoking and we are attaching an addendum to our resident's handbook addressing the issue along with our policy which contains the necessary requirements of this provision. The policy has been reviewed with the appropriate staff and the designated area will be reviewed by the Executive Director / Designee during the weekly safety and grounds inspections.	8/13/10 SE

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187d The home shall follow the directions of the prescriber.	According to the Medication Administration Record (MAR) the following medications were not available: <ul style="list-style-type: none"> <li>• Potassium Chloride 20MPg, Imdur 60 mg and Norvac 5 mg were not available for Resident No. 1 at 8 am on 5/19/10. Also the medication Ferrous Sulfate 324mg was not available for this resident at 8 am on 5/31/10.</li> <li>• Susorbide Monoitrate 60 mg was not available for Resident No. 2 at 8 am on 5/20/10.</li> </ul>	7/08/10	Medications have been obtained and an audit has been completed on 7/08/10, which confirms resident medications are available. The health and Wellness Director / Designee will monitor for compliance during a weekly medication cart audit and will contact the pharmacy as needed to verify medications are delivered in a timely manner.	Steps have been taken to correct violation; full compliance is not verifiable Date: 8/13/10 Initials (DPW): 