

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PLEASANT RIDGE MATURE LIVING, LLC

LEGAL ENTITY

To operate PLEASANT RIDGE MATURE LIVING

NAME OF FACILITY OR AGENCY

Located at 981 PLEASANT HILL ROAD, LEECHBURG, PA 15656

(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 75  
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 8, 2010 until September 8, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429400

*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. William Vistas, Administrator  
Pleasant Ridge Mature Living, LLC  
369 Bethel Road  
North Huntingdon, Pennsylvania 15642

RE: Pleasant Ridge Mature Living  
981 Pleasant Hill Road  
Leechburg, Pennsylvania 15656

Dear Mr. Vistas:

As a result of the Department of Public Welfare's licensing inspection on July 2, 2010 and July 13, 2010, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

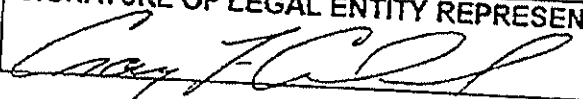

Sincerely,


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

Kevin T. Casey  
Deputy Secretary

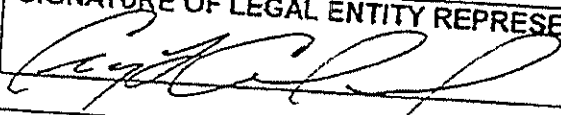
Enclosure  
License

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

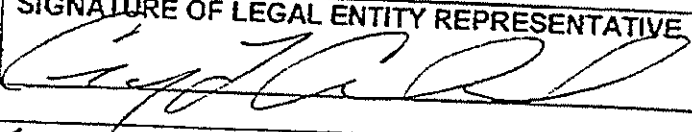
<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Pleasant Ridge Mature Living 981 Pleasant Hill Road, Leechburg, Pa. 15656		<b>CURRENT LICENSE NUMBER</b> 429402
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> July 2, 2010, July 13, 2010	<b>REGIONAL REPRESENTATIVE</b> M. Orme, L. Mazza and J. Cutter (July 2, 2010) M. Orme and L. Mazza (July 13, 2010)	
<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>		
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 8-12-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 8-18-10


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
22a4, 227a 22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.  227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented	There was no initial support plan for resident #1, admitted on 07/23/09.	07/13/2010	There was an initial support plan dated 8-5-09 (attached) for resident #1. This was pulled from the residents active chart and placed in the resident's purged file. An updated plan was completed on 06/20/2010 (attached) and placed in active chart due to significant change and addition of hospice services. These files were available at the time of inspection.	8-18-10 

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1 <b>REGULATION</b> 55 Pa.Code § 2600.	2 <b>VIOLATION</b>	3 <b>DATE BY WHICH CORRECTION WILL BE COMPLETED</b>	4 <b>PLAN OF CORRECTION</b> (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 <b>DATE COMPLIANCE VERIFIED BY DPW</b>
on the Department's support plan form.				

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and	Staff persons A and B did not complete the following required annual training in the 2009 training year: emergency preparedness procedures, resident's rights, Older Adult Protective Services Act, and falls and accident prevention.	07/13/2010 12/31/2010	We were unable to correct missed training for 2009. Each staff person missing '09' training has been making-up training in 2010 to meet both the hours required in '09' and '10'. Please see attached training documents. Permanent training schedules have been implemented to ensure training requirements are met all direct and non direct care staff. Review of completion will be done as part of the Quality Management Program and administrative staff.	8-18-10 


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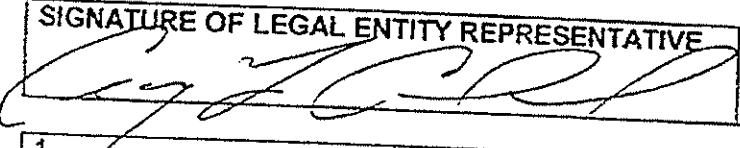

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emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention.				


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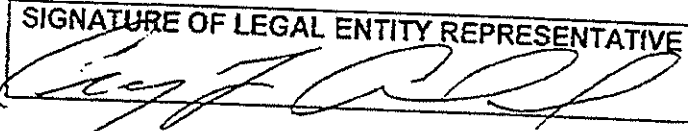
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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #2's bed had an enabler that was loosely attached leaving approximately a 4 inch gap between the enabler and the mattress presenting an entrapment hazard.	07/29/2010	Upon inspection of the enabler by the DME provider it was found the enabler was securely fastened. The movement of the enabler is a due to a design feature and is within acceptable manufacture tolerances. See attached report. The enabler is not loose. The enabler has been fitted with a slip over guard. The mattress has been affixed to the bed frame with velcro on the frame and a 6x6 area on the enabler board to prevent movement a new policy and staff training has been put in place regarding enablers. See attached. Routine inspection of enablers will be conducted by nursing to ensure compliance.	8-18-10 

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The unlocked and accessible furnace/boiler room had a drain pipe on the floor which extends about three feet from the furnace to a drain and rolls of carpet scraps on the floor presenting a tripping hazard. (Observed 07/02/10)	08/20/2010	At the time of inspection the building was actively being re-carpeted and the boiler room was being use to cut the carpet to prevent residents from a tripping hazard on the carpet in the common area. The locks on these unsafe areas have been changed to a key only type lock so the areas will remain locked at all times. Routine checks of these locks will be performed by the maintenance personnel and documented in the Quality Control Manual.	8-18-10 

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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	There was a bag of unknown contents which was not labeled or dated in the left stand up freezer in the kitchen.	08/10/2010	The unlabeled chicken fingers were immediately labeled and dated as they were used for that evenings dinner. Staff training with the dietary staff was conducted to re-education them on the procedures of handling food, labeling, and storage. See attached. A check of all provisions were conducted by the department spot checks will be conducted by the administrator and documented in the Quality Management Plan on a weekly Basis.	8-10-10 <i>gc</i>

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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	There was a bucket of dirty rags stored within three feet of the boiler in the ground level furnace/boiler room.	08/10/2010	The area around the unlit electronic ignition boilers has been painted red for 3' around each unit. The bucket of rags used by the active working carpet installers was immediately removed. Staff training regarding the policy of storing anything within 3' of any heat source was conducted with the appropriate staff and documented. Please see attached. Daily checks will be conducted by applicable staff to ensure nothing is stored in the 'red' areas.	8-18-10 <i>J</i>


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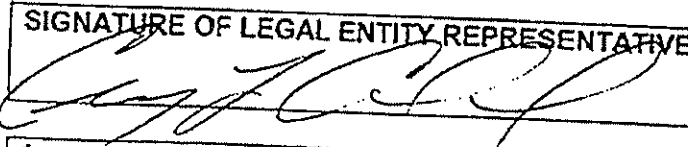

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144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	There was cigarette smoke entering the home through open windows on the ground level of the back of the home adjacent to the exterior smoking area. (Observed 07/02/10).	07/13/2010	The location of the smoking area was 15' from the common walkway and 25' from the nearest bedroom window. Although this citation does not violate 144c-2, The smoking area was moved to 32' from the entrance of the facility. Please see attached picture noting the previous and current smoking areas.	8-18-10 <i>JK</i>

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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.	The MAR for resident #3, admitted 10/20/09, indicated Lorazepam/Ativan .5mg, 1 every six hours as needed. The medication was not available in the home.	08/09/2010	Resident #3 is a hospice pt and had used their last dose. Hospice had ordered the medication the morning of the inspection and the home was awaiting delivery from the hospice pharmacy. The medication was available in the resident's comfort care kit if it was needed. Hospice has been made aware of regulation 185a and its impact on the home's licence. (See attached letter) Routine checks of medication orders will be performed by the providing pharmacy and med techs to ensure compliance.	8-18-10 

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (2) Drug allergies. (8) Frequency of administration.	The MAR for resident #3 indicated: MAPAP 325mg., 2 tabs every 6 hours as needed. The pharmacy label indicated: Take 2 tabs 650mg every 4 hours.  The MARs for residents #4, #5, #6, and #7 did not indicate drug allergies.	08/10/10	The transcription error was immediately clarified and corrected on the day of inspection. Retraining on the importance of transcription were conducted. (See attached). The four residents listed at the time of inspection were outside pharmacy providers. Each of the pharmacies have been contacted to correct the supplied MAR. All MARS will be checked for completeness during change over at the end supervisor. Training was conducted to re-train all required record keeping for 187a (attached)	8-18-10 <i>J</i>

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252 Each resident's record shall include the following information: (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.	There were no inventories of residents' personal property in the records for residents #3, #4, #5, #8, #12 and #13.  Repeat violation 06/08/09	8/12/2010	Inventories for each resident has been completed. A check box has been added to the admission check sheet to ensure compliance. Staff training has been conducted to educate staff on the requirements of 2600.252	8-18-10 