COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **PARTNERS IN SENIOR CARE, INC.**
(LEGAL ENTITY)

To operate **RIDGEWOOD AT SHENANGO VALLEY**
(NAME OF FACILITY OR AGENCY)

Located at **ONE ELSTON WAY, HERMITAGE, PA 16148**
(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 **52** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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: **403020**

Robert E. Robinson
ISSUING OFFICER

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

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

AUG 19 2010

Mr. Ronald G. Duez, Jr., Administrator
Partners in Senior Care, Inc.
Ridgewood at Shenango Valley
One Elston Way
Hermitage, Pennsylvania 16148

Dear Mr. Duez:

As a result of the Department of Public Welfare's licensing inspection on July 9, 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

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

Western Region

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Ridgewood At Shenango Valley One Elston Way, Hermitage, PA 16148	Adult Residential Licensing 403020
INSPECTION DATE(S) (Include all dates of the inspection) July 9,2010	**REGIONAL REPRESENTATIVE** N. Mandock and M. Marini

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) RONALD G. DUEZ

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Ronald G. Duez	8/6/10	Jean L Perzyna (GLP)	8-6-10

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 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 on the Department's support plan form.	There was no support plan for resident #1, admitted 05/24/10. The support plan for resident #2, dated 01/25/10, does not address the resident's need for the enabler currently used by the resident.	7-30-10 7-19-10 8-30-10 9-15-10	Support plans will be completed within the 30 Day period. Regular days will be set aside to Implement support plans. ~~The support plan for resident~~ #1 will be completed. 8-6-10 GLP When an enabler is used more detail will be given on the support plans. The administrator will review the current resident's support plans to ensure they are current and include the information regarding the use of enablers. 8-6-10 GLP	Steps have been taken to correct violation; full compliance is not verifiable 8-6-10 GLP Date Initials (DPW)

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Ridgewood At Shenango Valley One Elston Way, Hermitage, PA 16148	403020
INSPECTION DATE(S) (Include all dates of the inspection) July 9,2010	**REGIONAL REPRESENTATIVE** N. Mandock and M. Marini

Residential Licensing

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) RONALD G. DUEZ

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
	Aug 2	JYP	8-6-10

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident bedroom #208 has a bed with an enabler which does not meet the following conditions for its use in a personal care home. • The handle of the enabler was not attached securely at the top portion of the bed. • The handle of the enabler had an opening of 14" high and 10" wide which could pose an entrapment risk for a resident's head or limb.	7-15-10	The Enabler was serviced by the maintenance personel. We have placed a cover on the enabler to "close" the opening. The enabler will be checked every day when the resident is assisted to bed to ensure it is securely attached and the cover is on. 8-6-10 JYP	8-6-10 JYP

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Western Region

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Ridgewood At Shenango Valley One Elston Way, Hermitage, PA 16148	Adult Residential License 403920
INSPECTION DATE(S) (Include all dates of the inspection) July 9,2010	**REGIONAL REPRESENTATIVE** N. Mandock and M. Marini
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Ronald G. Duez	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Ronald G. Duez — **DATE** 8-6-10	**REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION** — **DATE** 8-6-10

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
103i Outdated or spoiled food or dented cans may not be used.	The kitchen freezer contained the following foods which were unlabeled and undated: four bags each of frozen tater tots and french fries, and two loaves of bread.	7-13-10	1) To make sure food is properly rotated for overall quality of the product and to ensure that it is used within the use by date. 2) Items listed were not dated therefore unable to know when they entered stock. 3) Policy put into place: As food items come in they are to be dated for proper use. 4) Dietary manager and midnights will check twice to make sure that all items are dated and labeled (if needed) properly. 5) Weekly checks to ensure that food has been properly rotated, dated and labeled by Dietary manager and cooks	Steps have been taken to correct violation; full compliance is not verifiable 8-6-10 Date — Initials (DPW)

8-30-10 The identified items were be disgarded immediately. 8-6-10

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

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Ridgewood At Shenango Valley One Elston Way, Hermitage, PA 16148	Adult Residential Licensing 403020
INSPECTION DATE(S) (Include all dates of the inspection) July 9,2010	**REGIONAL REPRESENTATIVE** N. Mandock and M. Marini
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Renaud G. Ruiz	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Renaud G. Ruiz — **DATE** Aug 2	**REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION** GJP — **DATE** 8-6-10

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
141a-2 The medical evaluation shall include the following: 7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluations for resident #3, dated 10/15/09, and resident #4, dated 05/10/10, indicated to "see attached list" for the residents' medication regimen. Both residents' medication lists were not dated and signed by the physician completing the medical evaluation.	All will be completed by 7-31-10 7-15-10	7-15-10 All MARS faxed to physicians with current medications listed and physicians signed and Returned and are on Residents charts. This will be checked monthly by the LPN Resident #3 and #4's medication lists were signed and dated by the physician.	Steps have been taken to correct violation; full compliance is not verifiable 8-6-10 GJP Date Initials (DPW)

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

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AUG 5 2010

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Ridgewood At Shenango Valley One Elston Way, Hermitage, PA 16148	403020
INSPECTION DATE(S) (Include all dates of the inspection) July 9,2010	**REGIONAL REPRESENTATIVE** N. Mandock and M. Marini
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Donald G. Uutz	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	**DATE** AUG 2
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION GJP	**DATE** 8-6-10

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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #5's triamcinolol cream prescribed medication was unlocked in the resident's bedroom.	7-15-10 9-15-10	Cream removed from residents room and locked in med CART. Facility will make sure if any resident has OTC or meds allowed IN Room The room and meds SHALL be locked. Apartments will be checked by the PCA s. on a daily basis to ensure no medications are unlocked. 8-6-10 GJP	8-6-10 GJP

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

AUG 5 2010

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Ridgewood At Shenango Valley One Elston Way, Hermitage, PA 16148	Adult Residential Licensing 403020
INSPECTION DATE(S) (Include all dates of the inspection) July 9,2010	REGIONAL REPRESENTATIVE N. Mandock and M. Marini
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Donald G. Yuhz	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE [signature]	DATE Aug 2
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [signature]	DATE 8-6-10

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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Resident #6's OTC Bayer aspirin medication in the medication cart was not labeled with the resident's name.	7-26-10 9-15-10	All bottles that are OTC will be labeled AS SOON as they are received. Persons working on the cart will document when this is done in communication book and signed. This process will be Reviewed by the LPN the administrator will audit the medication cart 1X per month to ensure all medications are labelled. 8-6-10 [signature]	8-6-10 [signature]

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

AUG 5 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Ridgewood At Shenango Valley One Elston Way, Hermitage, PA 16148	Adult Residential Licensing	483020
INSPECTION DATE(S) (Include all dates of the inspection) July 9,2010	REGIONAL REPRESENTATIVE N. Mandock and M. Marini	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Ronald G. Unez		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Ronald G. Unez	DATE AUG 2	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION GJP	DATE 8-6-10

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: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	The MAR for resident #6 did not include the diagnoses or purpose for all of the resident's listed medications, except for the resident's PRN medication-alprazolam. -0.5 mg.	7-21 9-15-10 9-15-10	Diagnoses will be written on MAR when resident admitted on all medications. Staff, LPN or Supervisor will review all MARS. The administrator a designated staff person will review all current resident's MARS to ensure all medications have a diagnosis listed. 8-6-10 GJP A designated staff person will review all MARS during the first week of the month to ensure all medications include a diagnosis or purpose. 8-6-10 GJP	8-6-10 GJP

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