

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION
LEGAL ENTITY

To operate REFORMED PRESBYTERIAN HOME
NAME OF FACILITY OR AGENCY

Located at 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214
(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 56
(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 25, 2010 until August 25, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429660

Robert E. Robinson

ISSUING OFFICER

Kim 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 26 2010

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

Ms. Margaret E. Hemphill, Administrator
Reformed Presbyterian Women's Association
Reformed Presbyterian Home
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

Dear Ms. Hemphill:

As a result of the Department of Public Welfare's licensing inspection on July 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 Western Region
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Reformed Presbyterian Home 2344 Perrysville Avenue, Pittsburgh, PA 15214		CURRENT LICENSE NUMBER 429660
INSPECTION DATE(S) (Include all dates of the inspection) July 23, 2010	REGIONAL REPRESENTATIVE Adult Residential Licensing M. Glidden and A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Margaret E. Hempel, Administrator</i>	DATE 08/13/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jon D. Lambert (JDL)</i>
		DATE 8-16-10

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
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The certificates from Labor and Industry for the three boilers in the home had expired on 6/30/10.	07/26/2010	18 The Director of Environmental Services called the Department of Labor and Industry and reminded it of our need for recertification of our boilers. Recertification occurred on 7/26/2010. (See attached documentation). In the future, the Director of Environmental Services will place a reminder of expiration date for boiler recertification in his online calendar. Monthly for three months in advance of that date the Department of Labor and Industry will be notified of impending expiration date and the need for recertification.	8-16-10 <i>gc</i>

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

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INSPECTION DATE(S) (Include all dates of the inspection) July 23, 2010	REGIONAL REPRESENTATIVE M. Glidden and A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Margaret E. Hemphill, Administrator</i>	DATE 08/13/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <div style="text-align: right;"><i>JK</i> 8-16-10</div>

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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of nail polish remover was unlocked and accessible to residents in room 204. The label read, "If ingested, contact poison control center immediately." None of the residents in the home have been assessed to determine that they can safely use and avoid poisonous materials.	09/07/2010	82c The resident in 204 has been assessed and is considered able to safely use nail polish remover. (See statement of assessment attached) All PCBH residents shall be assessed at the time of his/her initial assessment for his/her ability to avoid and/or use poisonous materials utilizing the attached document. All residents in the PCBH will have a poisonous material safety assessment completed by September 1, 2010. All staff will be informed of the need for this assessment and instructed in the use of the assessment form at a staff meeting on Sept. 7, 2010. All new employees will be instructed about this procedure during orientation.	Steps have been taken to correct violation; full compliance is not verifiable 8-16-10 [Signature] (DPW)

VIOLATION REPORT **Western Region**
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INSPECTION DATE(S) (Include all dates of the inspection) July 23, 2010	REGIONAL REPRESENTATIVE Adult Residential Licensing M. Glidden and A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Margaret E. Schmitz, Administrator</i>	DATE 08/13/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gl</i>
		DATE 8-16-10

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
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.	The following food items were found not in their original container and unlabelled and undated on the top shelf of the dry pantry area of the kitchen: <ul style="list-style-type: none"> • 8 bags of cheese curls. • 4 bags of pretzels. • 4 bags of tortilla chips. 	07/26/2010	103e All unlabeled and undated opened bags of snacks were discarded. At a staff meeting on July 26, 2010, the Director of Food and Nutrition Services reinforced the need to utilize gallon plastic storage bags for opened original containers stored in the dry storage area. She also reinforced the requirement that all opened food must be labeled and dated. Management staff in the department will check the storeroom daily for one week, weekly for three weeks, and monthly for three months and document the findings. If no undated, unlabeled containers are found a report will be made at the quarterly QA Committee meeting by the Director and the direction of the QA Committee will be followed.	8-16-10 <i>gl</i>

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Margaret E. Henshall, Administrator</i>	DATE 08/13/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 8-16-10

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-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted on 4/21/10 however; the medical evaluation was not completed until 6/11/10.	08/12/2010 <i>medical evaluation</i>	141 a-1 This resident was well known to the attending physician and under his care for more than 60 days prior to admission to PCBH from skilled nursing in same building. Multiple calls were made to the physician to remind him of our need for the MAS MAS1. To prevent this delay from happening in the future when a resident is being transferred to personal care from skilled nursing, a MAS MAS1 will be completed by the physician before transfer. Staff will be informed of this procedure by the Director of Personal Care and the Administrator will write a memo to our attending physician staff requesting that they comply with this requirement. The Director of Personal Care will review all transfers to PC from the nursing unit and report any physician failures to provide documentation to the Medical Director for follow up.	8-16-10 <i>SL</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Reformed Presbyterian Home 2344 Perrysville Avenue, Pittsburgh, PA 15214		CURRENT LICENSE NUMBER Adult Residential Licensing 429660	
INSPECTION DATE(S) (Include all dates of the inspection) July 23, 2010		REGIONAL REPRESENTATIVE M. Glidden and A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Margaret E. Hemphill, Administrator</i>	DATE 08/13/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>g</i>	DATE 8-16-10

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: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times.	The medication administration record for resident #2 did not include the prescription Warfarin medication which is being administered to the resident.	07/09/2010 8-30-10 8-30-10	187a Resident #2 had a prescription for Warfarin that changed frequently. Please see attached order sheets. Beginning immediately, 07/09/2010, the only dose of warfarin kept in the medication cart will be the one prescribed for that day. The Director of Personal Care designee will inspect the cart daily x 1 week, weekly x 3 weeks and monthly x 3 months to document that specific daily dose is the only one in the cart. Documentation of results will be reported at the quarterly QA meeting. Action taken by committee will be based on results of the audit. <i>The Administrator or designated staff person will check all MAR's including resident #2's to ensure all prescribed medication are indicated on the MAR. 8-16-10 The Administrator or designated</i>	Steps have been taken to correct violation; full compliance is not verifiable 8-16-10 <i>g</i> Date Initials (DPW)

Staff person will check all resident MAR's monthly to ensure all prescribed medications are indicated on the MAR. 8-16-10

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

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INSPECTION DATE(S) (Include all dates of the inspection) July 23, 2010		REGIONAL REPRESENTATIVE Regional Licensing M. Glidden and A. Linhart	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Margaret E. Hemplice, Administrator</i>		DATE 08/13/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 8-16-10

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
(10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Margaret E. Hemphill, Administrator</i>	DATE 08/13/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature] 8-16-10

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment for resident #3 dated 11/24/09 did not include all of the diagnoses that were listed on the resident's medical evaluation dated 11/17/09 which included Osteoporosis, GERD, chronic pain, and monoclonal gammopathy. The assessment for resident #4 dated 8/13/09 did not include all of the diagnoses that were listed on the resident's medical evaluation dated 10/5/09 which included DM, DJD, HTN, Hyperlipidemia, CAD, Lumbar	09/07/2010	225a Beginning immediately, all newly admitted residents will have all of their diagnoses listed on the Adult Residential Licensing Personal Care Home Assessment under "other" Staff will be informed about this procedure at a staff meeting on September 7, 2010 by the Director of Personal Care. The Director will review all assessments until the next Personal Care Boarding Home Survey and document results of review.	Steps have been taken to correct violation; full compliance is not verifiable Date: 8-16-10 Initials (DPW): J

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Margaret E. Humphreys, Administrator</i>	DATE 08/13/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9/2-16-10

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
	and Cervical spinal stenosis, Glaucoma, Anemia, and Vascular Dementia.			

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Margaret E. Hempfler, Administrator</i>	DATE 08/13/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 8-16-10

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
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.	The records for residents #1 and #2 did not contain an inventory of their personal property.	09/07/2010	252 PC staff will make a list of Resident #1 and #2's personal belongings if they agree, and place the list on the appropriate record. All residents who voluntarily declare an inventory of their personal belongings on admission to the Personal Care Boarding Home shall have that inventory documented in their record. If a resident does not care to declare an inventory of his/her belongings a note will be made on the blank form and signed and dated by the PCBH staff person.	Steps have been taken to correct violation; full compliance is not verifiable 8-16-10 Date Initials (DPW)