

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MERCY LIFE CENTER CORPORATION

LEGAL ENTITY

To operate GARDEN VIEW MANOR

NAME OF FACILITY OR AGENCY

Located at 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE

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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)

Restrictions: No residents with mobility needs may be served

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 October 28, 2010 until October 28, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 440690

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

OCT 26 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: Garden View Manor
441 Swissvale Avenue
Pittsburgh, Pennsylvania 15221

Dear Mr. Rach:

As a result of the Department of Public Welfare's licensing inspection on September 13, 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 GARDEN VIEW MANOR, 441 SWISSVALE AVENUE PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 440690	
INSPECTION DATES (Include all dates of the inspection) 09/13/2010		REGIONAL REPRESENTATIVE Alden Linhart, Joe Phillips	
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  Dawn [unclear] LSW RCHA	DATE 10/15/10.	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  JPP	DATE 10-15-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.	Western Region Adult Residential Licensing	10/15/10 11/15/10	(see above) A checklist will be implemented for staff hires to ensure all documentation is present including the qualifications under this regulation before staff are hired. 10-15-10  JPP	



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SIGNATURE OF LEGAL ENTITY <i>[Handwritten Signature]</i>	DATE 10/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Handwritten Signature]</i>	DATE 10-15-10

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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.	The evacuation time designated by a fire safety expert in writing on February 24, 2010 is 5 minutes. The homes fire drill record indicates that their evacuation time has been exceeded during the fire drills conducted on : 2/24/2010, 4/20/2010, 5/12/2010, and 6/04/2010. Western Region Adult Residential Licensing		Maintenance supervisor was following Wilkinsburg Fire Drill Record from 11/12/09 in which a fire drill run by the Wilkinsburg Fire Department in 5:30 was listed as satisfactory by Department Chief [redacted]. Maintenance supervisor, who runs planned fire drills for the site has been made aware that the acceptable time is 5 minutes. Any drills longer than 5 minutes will be repeated within the same month.	Steps have been taken to correct violation; full compliance is not verifiable 10-15-10 Initials (DPW) LSC10



(cont ->)


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	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/26/2010</td><td>01:00 PM</td><td>5 min 42 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/24/2010</td><td>12:45 PM</td><td>5min 21 sec</td><td>Yes</td></tr> <tr><td>Mar</td><td>03/11/2010</td><td>06:00 AM</td><td>5min</td><td>No</td></tr> <tr><td>Apr</td><td>04/20/2010</td><td>11:50 AM</td><td>5min 13 sec</td><td>No</td></tr> <tr><td>May</td><td>05/12/2010</td><td>04:30 PM</td><td>5min 26 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/04/2010</td><td>06:15 PM</td><td>5min 29 sec</td><td>No</td></tr> <tr><td>Jui</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table> <p style="text-align: center; font-size: large; margin-top: 20px;">Western Region</p>	Mont	Date	Time	Evac. Time	FSE	Jan	01/26/2010	01:00 PM	5 min 42 sec	No	Feb	02/24/2010	12:45 PM	5min 21 sec	Yes	Mar	03/11/2010	06:00 AM	5min	No	Apr	04/20/2010	11:50 AM	5min 13 sec	No	May	05/12/2010	04:30 PM	5min 26 sec	No	Jun	06/04/2010	06:15 PM	5min 29 sec	No	Jui				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No	10/15/10	<p>Since date of inspection, two fire drills have occurred. In both drills residents and staff evacuated successfully in less than 5 minutes. (Documents attached)</p> <p>Wilkinsburg Fire Dept has been contacted to arrange for annual fire drill observed by Fire Dept. PCHA will ask Fire Chief for recommendations on how to improve evacuation procedures so that evacuation is consistently within acceptable time.</p>	
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141a he medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for Resident # 2 dated 12/23/2009, does not include the list of medications. The form states see attached but there is no attachment. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Adult Residential Licensing</div>	10/24/10	Resident #2 has an appointment with [REDACTED] PCP on 10/21 at 3PM. Updated MA-55 will be completed at that time. PCHA to review MA-55 to ensure document is completed in its entirety. In addition medication list that was supposed to be attached to the medical evaluation was located within the chart in the wrong section. THIS LIST HAS BEEN ATTACHED.	<div style="text-align: center;"> <p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em; margin: 0;">Date: 10-15-10</p> <p style="font-size: 0.8em; margin: 0;">Initials (BPW): </p> </div>

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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.	<p>The assessment dated 11/29/2009 for resident # 1 is missing the diagnoses schizoaffective disorder, COPD/Asthma, Gerd, RLS. These diagnoses are all listed on the medical evaluation for the resident dated 10/30/2009.</p> <p>The assessment dated 1/28/2010 for resident # 2 is missing the diagnoses Axis I schizoaffective disorder, tardive dyskettia, non insulin dependent diabetes, hypertension, and hypocholesterolemia. These diagnoses are listed on the resident's medical evaluation dated 1/28/2010.</p> <p>The assessment dated 6/16/2010 for resident # 3 is missing the diagnoses schizophrenia, paranoid type, aids, acute hepatitis C, HTN, Asthma, and DMII. These diagnoses are all listed on the resident's medical evaluation dated 6/10/2010.</p> <p>The assessment dated 2/1/2010 for resident # 5 is missing the diagnoses: bipolar DO NOS/ Alcohol induced dementia. These diagnoses are listed on the resident's medical evaluation dated 7/27/2010.</p> <p>The assessment dated 10/30/2009 for resident # 6 is missing the diagnoses: Gerd and bipolar</p>	10/15/10	<p>Resident assessments for Residents #1, 2, 3, 5 and 6 have been updated to ensure that all diagnoses listed on the current Medical evaluation are reflected on the RCH Assessment.</p> <p>Charts will be reviewed regularly to ensure that all assessments reflect accurately information on the medical evaluation.</p>	

Western Region

Adult Residential Licensing



(see attached documents)

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	disorder. These diagnoses are listed on the medical evaluation for the resident dated 11/9/2009. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	11/15/10	<p style="text-align: center; font-size: 1.5em;">(see above)</p> <p>All residents assessments will be compared to their most current medical evaluation to ensure all diagnoses have been carried over. This will be done by the administrator or designated staff person 10-15-10 JJP</p>	

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The home's assessment dated 8/19/2010 for resident # 7 indicates that the resident is independently mobile with no assistive devices. The medical evaluation for resident #7 dated 8/12/2010 states that the resident is "unable to move from one location to another without oral prompting from others , with difficulty understanding and following oral instructions in the event of an emergency and that the resident is independently mobile with an assistive device- a walker. Western Region Adult Residential Licensing	10/15/10 11/15/10	Resident was re-assessed as resident is mobile and ambulates independently. Residents PCP completed a new medical evaluation form on 9/27/10 and noted that resident "walks without assistance" This is reflected on [redacted] PCH Assessment as well. All residents assessments will be checked against the most current medical evaluation by the administrator or designated staff person to ensure the mobility status on the assessment reflects that of the medical evaluation. 10-15-10 JPP	10-15-10 