

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE ARBORS AT ST. BARNABAS, INC.

LEGAL ENTITY

To operate THE ARBORS AT ST BARNABAS - GIBSONIA

NAME OF FACILITY OR AGENCY

Located at 3RD FLOOR, SOUTH WING, 5827 MERIDIAN ROAD, GIBSONIA, PA 15044

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

No: 441590

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

NOV 09 2010

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

Ms. Jill Treglia, Administrator
The Arbors at St. Barnabas, Inc.
85 Charity Way
Valencia, Pennsylvania 16059

RE: The Arbors at St. Barnabas – Gibsonia
3rd Floor, South Wing
5827 Meridian Road
Gibsonia, Pennsylvania 15044

Dear Ms. Treglia:

As a result of the Department of Public Welfare's licensing inspection on September 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.

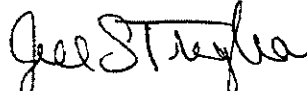
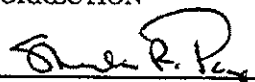
Sincerely,

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 ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044		CURRENT LICENSE NUMBER 441590	
INSPECTION DATES (Include all dates of the inspection) 09/24/2010		REGIONAL REPRESENTATIVE Michael Marini, Caroline Goedert	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Jill S. Treglia, Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 10-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  SAP	DATE 10/25/10

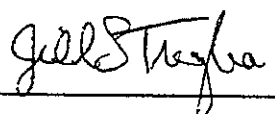
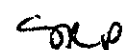
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified 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 7/21/10. Resident 1's medical evaluation was dated 4/26/10. <p style="text-align: center; font-size: 1.2em;">22 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	9/27/10	A new Medical evaluation was obtained by the doctor. A monthly audit will be conducted by the administrator or designee on paperwork including the Medical Evaluation to ensure timelines and accuracy of each form.	<div style="text-align: right;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10/25/10 SAP</p> <p>Date Initials (DPW)</p> </div>

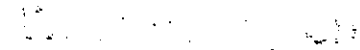
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044		CURRENT LICENSE NUMBER 441590	
INSPECTION DATES (Include all dates of the inspection) 09/24/2010		REGIONAL REPRESENTATIVE Michael Marini, Caroline Goedert	
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 <i>Jill Steyer</i>	DATE 10-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SRP</i>	DATE 10/25/10

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
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. (10) Duration of therapy, if applicable. (11) Special	Resident 2 received 5 grams of ferrous sulfate daily. The entry written in the medication administration record indicates the resident receives 325 mg. <div style="text-align: center; opacity: 0.5;"> 2 2 2010 Adult Residential Licensing </div>	9/27/10	This was corrected with the pharmacy right away. A monthly audit will be done by the Arbors nurse or designee to ensure that the medications and the MAR match.	<i>SRP</i> <i>10/25/10</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE ARBORS AT ST BARNABAS GIBSONIA, 5827 MERIDIAN ROAD GIBSONIA, PA 15044		CURRENT LICENSE NUMBER 441590	
INSPECTION DATES (Include all dates of the inspection) 09/24/2010		REGIONAL REPRESENTATIVE Michael Marini, Caroline Goedert	
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 	DATE 10-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10/25/10

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
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.	<div style="text-align: center;">  22 2010 Adult Residential Licensing </div>			