

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JEWISH ASSOCIATION ON AGING
LEGAL ENTITY

To operate HARRY & JEANNETTE WEINBERG TERRACE
NAME OF FACILITY OR AGENCY

Located at 5757 BARTLETT STREET, PITTSBURGH, PA 15217
(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 115
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 November 25, 2010 until November 25, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429810

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.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

DEC 08 2010

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

Ms. Darlene Hovis, Executive Director
Jewish Association on Aging
Harry and Jeannette Weinberg Terrace
5757 Bartlett Street
Pittsburgh, Pennsylvania 15217

Dear Ms. Hovis:

As a result of the Department of Public Welfare's licensing inspection on September 27, 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

NAME AND ADDRESS OF PERSONAL CARE HOME HARRY & JEANNETTE WEINBERG TERRACE, 5757 BARTLETT STREET PITTSBURGH, PA 15217		CURRENT LICENSE NUMBER 429810	
INSPECTION DATES (Include all dates of the inspection) 09/27/2010		REGIONAL REPRESENTATIVE Michael Marini, Kathy Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) DARLENE HOVIS, EXECUTIVE DIRECTOR			
SIGNATURE OF LEGAL ENTITY <i>Darlene Hovis</i>	DATE 10/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Shane P. Kay (Kap)</i>	DATE 11/12/10

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	There were enablers in room 209, 415, and 420 that had a 10"x18 1/2 " gap. This gap posed an entrapment hazard. In addition, these enablers and the enabler in room 315 were not securely bolted to the beds.	10/22/2010	81b The Director of Resident Services, the Director of Environmental Services and/or designee will be held accountable that all enablers used by residents meet the regulation requirements. The Director of Resident Services and/or designee will inspect each enabler that it is free of any entrapment hazards and the Director of Environmental Services and/or designee will ensure proper and secure installation of the bed cane enablers.	11/12/10 SJKP
102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There was no grab bar, hand rail or assist bar by the urinal in the men's room by the dining room.		A letter dated 9/29/10 was sent to all residents (and/or responsible parties) who have bed cane enablers. The letter included a copy of regulation 81b, an example of a regulation appropriate bed cane enabler and a website where one may be purchased. A compliance date of 10/22/2010 was given or the bed cane enabler will be removed. The housekeeping and resident care staff have been educated on regulation 81b and shown examples of regulation appropriate bed cane enablers. The	

Adult Residential Licensing

10/22/10 Covers have been added and secured to enablers in rooms 209, 415, and 420. Enabler in room 315 has been secured.

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SIGNATURE OF LEGAL ENTITY <i>Darlene Hovis</i>	DATE <i>10/21/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SKP</i>	DATE <i>11/12/10</i>

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
103g Food shall be stored in closed or sealed containers.	The sugar, corn muffin mix, and cake mix in the dry food storage room were opened and unsealed.	11/30/10	(81b cont.) housekeeping and resident care staff who enter the apartments on a regular basis will continually monitor and report any violations.	<i>11/12/10 SKP</i>
	<i>Adult Residential Licensing</i>	9/27/2010	102d1 A grab/assist bar has been ordered and will be installed by said urinal. 103g The sugar, corn muffin mix and cake mix in the dry food storage room were properly wrapped and dated immediately. The Director of Dietary Services and/or designee will re-educate dietary staff on proper food storage and monitor food storage on a daily basis.	<i>11/12/10 SKP</i>

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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
121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	The exits to the stairwells on the 2nd, 3rd, and 4th floors were locked. When the panic bars were activated the doors remained locked for 15 seconds. <i>Adult Residential Licensing</i>	11/30/2010 <i>11/30/2010</i>	121b The Executive Director has contacted [redacted] from the Department of Labor and Industry regarding written approval of the panic bars remaining locked for 15 seconds after being activated. If approval is not granted, the delayed egress time will be disabled. <i>[Signature]</i> Director of Maintenance under direction of Professional Lock company will disarm locks eliminating the 15 second delay locking system. The home will ensure that there is a sufficient number of staff persons on duty to supervise residents as indicated on their assessments and support plans and to ensure residents are protected from potential threats from off premises.	

[Signature] 11/12/10

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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
133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	The door to the stairwell in the 1st floor service hall did not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. On 9/27/2010, the home served 64 residents.	10/18/2010	133a2 Temporary exit signs were placed on the door to the stairwell in the 1 st floor service hall immediately. Permanent signs were ordered and hung on 10/18/2010.	11/2/10 SKP

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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	The medication administration record contained an identification key for June, 2010. There were no other identification keys in the record. <div style="text-align: center; opacity: 0.5; font-size: 1.2em;"> State of Pennsylvania Adult Residential Licensing </div>	11/1/2010	187a The medication administration record will contain a current identification key. The Director of Resident Services and/or designee will obtain, verify and place a current identification key on each medication administration record binder on the first of every month.	<div style="font-size: 1.5em;"> <i>11/12/10</i> <i>SRP</i> </div>

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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.	Department of Public Welfare State Licensing			