

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ORION PERSONAL CARE CORPORATION

LEGAL ENTITY

To operate ORION ASSISTED LIVING RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 2191 FERGUSON ROAD, ALLISON PARK, PA 15101

(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 25
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

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 16, 2010 until November 16, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 431260

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

DEC 08 2010

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

Ms. Carin Constantakis, President/Owner
Orion Personal Care Corporation
Orion Assisted Living Residence
2191 Ferguson Road
Allison Park, Pennsylvania 15101

Dear Ms. Constantakis:

As a result of the Department of Public Welfare's licensing inspection on October 8, 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

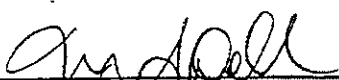
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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) <i>M. Suzanne DeVore</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 11-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Shirley R. Pease (SLP)</i>	DATE 11/12/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The home's most recent violation report and regulation book were behind the current license in the same sleeve and were not conspicuous. Adult Residential Licensing	11-8-10	REPORT AND REGULATION BOOK ARE PLACED - HANDWRITING ABOUT BULLETIN BOARDED WITH NOTES ETC PICTURE of proof ENCLOSED. REMINDED ADD TO MY DESK + NOTE ADD TO CLERK SLEEVE IN CASE of ACCIDENTAL MISS PLACED.	11/12/10 SLP


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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION SRP	DATE 11/8/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
25c13 (13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).	The contract for resident #1 does not include the list of resident rights or the resident complaint procedures. We were Region NOV 5 2010 Adult Residential Licensing	10-08-10 12/1/10	Family had TAKEN ADMISSION PAPERS HOME TO REVIEW PRIOR TO ADMISSION; [REDACTED] DID NOT SEE that they were missing from the packet. Papers were added 10-08-10 by [REDACTED]. [REDACTED] will follow the check list already in place more closely, & O.M. will perform periodic check reviews. administrator will check all residents contracts to ensure information on residents rights and complaint procedures is included. SRP 11/8/10	SRP 11/8/10



[REDACTED] ADMINISTRATOR
 O.M. OFFICE MANAGER

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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)			
SIGNATURE OF LEGAL ENTITY 	DATE 11/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION SAP	DATE 11/5/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A (hired 6/23/10) does not have the qualifications to work as a direct care staff person. This staff member has a non-U.S. diploma. NOV 5 2010 Adult Residential Hospisting	11-3-10 12/15/10	Waiver ATTACHED IN THE FUTURE ANYONE NOT OF THE U.S. WITH A COLLEGE DEGREE SD WILL apply for a waiver. [Redacted] - O.M will monitor & REVIEW ALL CHARTS of staff. If waiver is not granted, staff Person A will be terminated from employment at the home.	


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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, Katy Kruppa	
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 11-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/5/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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.				

NOV 5 2010
 Adult Residential Licensing


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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
	11-4-10	GRP	11/4/10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	-The hot water temperature from the bathroom sink across from room 13 measured 125.7 degrees Fahrenheit. -The hot water temperature from the bathroom sink by room 1 measured 125.9 degrees Fahrenheit.	10-8-10	FOOD SERVICE COMPANY'S DISHWASHER SERVICE PERSON INCREASED THE WATER TEMPERATURE OF THE HOT WATER TANK THAT FEEDS THE 2 BATHROOMS. THIS WAS AFTER [REDACTED] HAD DONE HIS MONTHLY MAINTENANCE CHECK. WATER TEMPERATURE WAS REDUCED & FOOD SERVICE COMPANY WAS EDUCATED ABOUT OUR REGULATIONS. SIGNAGE WAS PUT ON EACH HOT WATER TANK.	GRP 11/8/10

12/1/10 maintenance staff and administrator will monitor hot water temperatures at least monthly to ensure temperature do not exceed 120°F. GRP 11/8/10 - maintenance staff


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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
	11-4-10	SRP	11/16/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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.	There was one box of Maypo quick oats and a bag of Katy's Kitchen bread crumbs unsealed on a food storage shelf in the home's kitchen. Repeated Violations: 07/24/2009	10-8-10	Maypo and Katy's bread crumbs were BAGGED, SEALED and LABELLED. All staff were educated once again about SEALING LABELING all food once opened. Daily chart was developed with REMINDERS w. TA signed off for STAFF. [Redacted] will review signed daily LOGS and monitor.	SRP 11/16/10

SIGNS WERE ALSO HUNG.

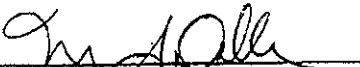
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION SEP	DATE 11/4/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The most recent menu posted in the home was from 9/26/10 to 10/2/10. Adult Residential Licensing	10-4-10	<p>██████ HAD BEEN WORKING ON MENUS 10-7-10 and failed TO HANG THEM BACK UP.</p> <p>██████ WERE RE EDUCATED CONCERNING MENUS HANG & kept CURRENT FOR RESIDENTS & family REVIEW.</p> <p>REMARKS WAS ALSO ADDED TO KITCHEN DAILY CHECKLIST.</p> <p>██████ TO MONITOR DAILY</p>	SEP 11/8/10

██████ - HEAD COOK
██████ - 2nd cook



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

NAME AND ADDRESS OF PERSONAL CARE HOME ORJON ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION SAP	DATE 11/5/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	<p>-Resident #2 was admitted to the SDU on 5-13-10. The resident's medical evaluation was not completed until 5-19-10.</p> <p>-Resident #3 was admitted to the SDU on 4-16-10. The resident's medical evaluation was not completed until 4-22-10.</p> <p>-Resident #4 was admitted to the SDU on 7-27-10. The resident's medical evaluation was not completed until 9-8-10.</p> <p>Adult Residential Licensing</p>	11-4-10	<p>█████ was re-educated & all future medical evaluations will be completed prior to admission.</p> <p>A reminder was placed in the admission packet & a sign on my computer to remind ██████ next admission will start with correction.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/5/10 Date Initials (DPW)</p>

█████ T.O.M will review charts prior to being filed.

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
	11-4-10		11/4/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	<p>-Resident #5 was admitted to the SDU on 8-10-10. The resident's cognitive screening portion of the preadmission screen was not signed.</p> <p>-Resident #3 was admitted to the SDU on 4-16-10. The resident's cognitive screening portion of the preadmission screen was dated 4-22-10.</p> <p>Repeated Violations: 07/24/2009</p> <p>Adult Residential Licensing</p>	11-4-10	<p>██████████ was re-educated on who can sign cognitive screens & when.</p> <p>Future screens will be signed & dated appropriately.</p> <p>ADMISSION PACKET will reflect & remind ██████████ about dates + signatures.</p> <p>██████████ will be reviewed by ██████████ & O.M. more closely prior to future dates.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/4/10 Date</p> <p>██████████ Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>[Signature]</i>	11-4-10	SLP	11/8/10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	Resident #2 was admitted to the SDU on 5-13-10. The initial support plan for Resident #2 was dated 5-19-10 Repeated Violations: 07/24/2009	11-4-10	<p>██████ knows the appropriate time line for the completion of support plans. ██████ error.</p> <p>Admission was added to admission packet.</p> <p>██████ & O.M. will review charts prior to being filed.</p> <p>a support plan will be developed and implemented within 72 hours prior to the resident's admission to the SDU.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/8/10 SLP Date initials (DPW)</p>
	Adult Residential Licensing	11/15/10		

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (include all dates of the inspection) 10/08/2010		REGIONAL REPRESENTATIVE Jason Williams, 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)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
	11-4-10	SLP	11/8/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
234b The support plan shall identify the resident's physical, medical, social, cognitive and safety needs.	The Assessment for resident #2 dated 5-13-10 indicates the need for toileting every 2 hours. The resident's support plan dated 5-19-10 does not address this need.	11-4-10	<p>was re-educated about the follow through of the follow up information from the ^{Medical evaluation} MTSS - assessment to the support plan.</p> <p>Future assessments and support plans will reflect and expand upon the MTSS medical evaluation.</p> <p>O.K will review</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/8/10 SLP</p> <p>Date Initials (DPW)</p>

12/1/10 the administrator or a designated staff person will review all residents support plans to ensure completion and accuracy. SLP 11/8/10

files prior to being stored.