

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PITTSBURGH LIFETIME CARE COMMUNITY

LEGAL ENTITY

To operate SHERWOOD OAKS

NAME OF FACILITY OR AGENCY

Located at 100 & 500 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066

(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 77  
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 30

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 December 7, 2010 until December 7, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 457760

*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

DEC 30 2010

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

Mr. Mark D. Bondi, President/CEO  
Pittsburgh Lifetime Care Community  
Sherwood Oaks  
100 Norman Drive  
Cranberry Township, Pennsylvania 16066

Dear Mr. Bondi:

As a result of the Department of Public Welfare's licensing inspection on October 20, 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 SHERWOOD OAKS, 100 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Alden Linhart, Michael Marini, Alden 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  <i>Patricia Uyehiro Rd PCAA</i>	DATE  11-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>Just R...</i>	DATE  12-2-10

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
25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Resident 1, admitted 10/6/10, and resident 2, admitted 10/6/10 did not have a resident-home contract completed.	11-15-10	<p><i>The Administrator or a designee shall be informed of all admissions and shall assure that a written resident-home contract is reviewed, explained and signed by the resident and/or the resident's designated person prior to the admission or within 24 hours after the admission.</i></p> <p><i>A Resident Contract Policy has been written and shall be followed at all times.</i></p> <p><i>Each new resident's chart and records shall be reviewed by the Administrator or a designee prior to, or on the day of admission to verify that a written resident-home contract has been signed by the appropriate persons.</i></p>	12-2-10 <i>g</i>
		10-20-10	<p><i>Contracts were completed for residents #1 and #2. 12-2-10</i></p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Alden Linhart, Michael Marini, Alden 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  <i>Andrew Vojtech RJ PCMA</i>	DATE  11-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE  <i>12-2-10</i>

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
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The trash cans in the spa and the men's and women's locker rooms did not have covers.	11-15-10	<p>The trash receptacles in the men's and women's locker room areas on the lower level and the trash receptacle in the Spa room on the first floor of the Oak Grove Center were replaced with covered trash receptacles as of 10-22-10.</p> <p>All common areas shall have covered trash receptacles at all times.</p> <p>The Administrator or designee shall conduct a walking round of the facility monthly and verify in writing that all trash receptacles in common areas are covered at all times.</p> <p>The reports of the rounds shall be reviewed as part of the facility's Quality Management Plan.</p>	12-2-10 <i>4</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Alden Linhart, Michael Marini, Alden 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  <i>Bertina Vogel MD PCMA</i>	DATE  11-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE  12-2-10

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
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the 2006 Ford van did not have goggles, scissors, or tweezers and the first aid kit on the 2001 Ford minibus did not have eye protection or a thermometer. These vans are used daily to transport residents.  <i>State of Pennsylvania Department of Public Safety Pennsylvania Department of Licensing</i>	11-15-10	Each vehicle used to provide transportation for Personal Care residents shall be equipped with a first aid kit containing the items listed in regulation 96a. Each vehicle shall be inspected in the first week of each month and contents of each first aid kit verified and signed accurate by the Director of Security/Environmental Services or a designee. The Administrator and/or a designee shall also perform a random check on all vehicles quarterly to assure compliance. Additional supplies of all first aid items shall be kept in the Security office for replacement as necessary to each kit. The inspection report shall be reviewed as part of the facilities Quality Management Plan.	12-2-10

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

NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Alden Linhart, Michael Marini, Alden 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 <i>Robert Vergara R.D. PLWA</i>	DATE 11-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12-2-10

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.	The following residents were admitted to the secure dementia unit on 10/6/10. These residents' medical evaluations did not document the residents' need for secure dementia care:  Resident      Date of medical evaluation 1            9/8/10 2            9/13/10 3            9/27/10 4            9/7/10  <i>Adult Residential Licensing</i>	11-15-10	Each resident shall have a medical evaluation by a physician, physician's assistant or a certified registered nurse practitioner documented on the approved Department form within 60 days prior to admission. The documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be cared for in a secured dementia unit.  Each doctor and certified nurse practitioner currently providing services for our residents has been informed of the above regulation.  The Administrator or designee shall examine all medical evaluations upon completion and return any medical evaluations to the doctor or certified nurse practitioner if the dementia diagnosis or the need for the resident to be served in a secured dementia unit is not completed.  <i>See page 4A (CME)</i>	Steps have been taken to correct violation; full compliance is not verifiable 12-2-10 Date                      Initials      DPW

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

4A  
Page 4 of 4

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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  <i>Barbara Ugnas RJ PLHA</i>	DATE  11-17-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE  12-2-10

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										
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Resident	Date of medical evaluation													
1	9/8/10													
2	9/13/10													
3	9/27/10													
4	9/7/10													