

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to STANDISH'S ASSISTED LIVING, INC.
LEGAL ENTITY

To operate STANDISH'S ASSISTED LIVING
NAME OF FACILITY OR AGENCY

Located at 158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE 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 6
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 January 26, 2011 until January 26, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 406300

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 09 2011

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

Ms. JoAnn Standish, Administrator
Standish's Assisted Living, Inc.
Standish's Assisted Living
158 Chestnut Ridge Road
Washington, Pennsylvania 15301

Dear Ms. Standish:

As a result of the Department of Public Welfare's licensing inspection on November 5, 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 black ink, appearing to read 'Ronald Melusky' with a stylized flourish.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

Page 1 of 6

NAME AND ADDRESS OF PERSONAL CARE HOME STANDISH S ASSISTED LIVING, 158 CHESTNUT RIDGE ROAD WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 406300	
INSPECTION DATES (include all dates of the inspection) 11/05/2010		REGIONAL REPRESENTATIVE 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) STANDISH ASSISTED LIVING, INC			
SIGNATURE OF LEGAL ENTITY <i>Jana Standish</i>	DATE 11/13/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Wenger</i>	DATE 11/20/11

Standish

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 and direct care staff person B do not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry. Western Region Adult Residential Licensing	11/13/2011	Both staff were notified: DCS -A) AUBELA HIGH SCHOOL HAD NO RECORDS THAT FAR BACK - STAFF PERSON A SIGNED A NOTORIZED letter that she graduated. (worked as an AND FOR HOSPITAL 23 yrs) DCS B) provided a copy of diploma (see ATTACHED)	<i>Jmw</i> 11/21/11

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(initials) [redacted] MARIAN NAMA

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

NAME AND ADDRESS OF PERSONAL CARE HOME STANDISH S ASSISTED LIVING, 158 CHESTNUT RIDGE ROAD WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 406300	
INSPECTION DATES (Include all dates of the inspection) 11/05/2010		REGIONAL REPRESENTATIVE 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>Joann Standish</i>	DATE 11/13/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ju</i>	DATE 11/21/11

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.	Continued from page 2 of 7	11/13	Both staff have worked here more than 5 years and are excellent employees. Staff Person B works full time for Mental Health (state)	

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

NAME AND ADDRESS OF PERSONAL CARE HOME: STANDISH S ASSISTED LIVING, 158 CHESTNUT RIDGE ROAD WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 406300	
INSPECTION DATES (Include all dates of the inspection) 11/05/2010		REGIONAL REPRESENTATIVE 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) <i>Standish's Assisted Living, Inc</i>			
SIGNATURE OF LEGAL ENTITY <i>JoAnn Standish</i>	DATE <i>1/13/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>OK</i>	DATE <i>1/21/11</i>

Standish

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
85c Trash shall be removed from the premises at least once a week.	According to Administrator C, trash is removed from the premises once every two weeks.	<i>1/13/2011</i>	<p>① - 8 Yard Commercial, Locked dumpster sits at the end of large circular driveway - approx 920 ft from personal care home. HAS been there for 12 years.</p> <p>② - Trash removed from PCIT every 2 days AND transported to dumpster.</p> <p>③ - Dumpster has been dumped by WASTE MANAGEMENT every 2 weeks. - See Page 3a -</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <i>1/21/11</i> Date Initials (DPW)</p>


Western Region

Adult Residential Services

1/21/11

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

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NAME AND ADDRESS OF PERSONAL CARE HOME STANDISH S ASSISTED LIVING, 158 CHESTNUT RIDGE ROAD WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 406300	
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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
			11/24/11

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
85c Trash shall be removed from the premises at least once a week.	According to Administrator C, trash is removed from the premises once every two weeks.		<p>④ I have notified WASTE MGMT TO Dump Dumpster every week until I hear otherwise</p> <p>⑤ I plan to file AN AP WAIVER to keep trash pick up the same for following reasons:</p> <p>a) Rodents + excess trash has never been a problem</p> <p>b) Cost ↑ from \$4.50 to \$13.00</p> <p>↑ cost could be better used on personnel</p>	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME STANDISH S ASSISTED LIVING, 158 CHESTNUT RIDGE ROAD WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 406300	
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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) STANDISH'S ASSISTED LIVING INC			
SIGNATURE OF LEGAL ENTITY <i>JoAnn Standish</i>	DATE 11/13/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JK</i>	DATE 1/20/11

Standish

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
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The most recent fire safety inspections and drills observed by a fire safety expert were conducted on 08/15/10 and 03/10/09. More than one year transpired between these drills.	11/13/2011	2 attempts were made by the Amwell fire dept for annual drills. 1st attempt - we had an emergency on our grounds and were not able to complete. 2nd attempt - firemen were called out to a 911 traffic accident. * Monthly fire drills were kept up. * I promise to do the annual fire drill this year by March 10th I will make this a priority!	Steps have been taken to correct violation; full compliance is not verifiable 1/20/11 Date Initials (DPW)
Western Region Adult Residential Licensing				

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

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NAME AND ADDRESS OF PERSONAL CARE HOME STANDISH S ASSISTED LIVING, 158 CHESTNUT RIDGE ROAD WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 406300	
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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) STANDISH'S ASSISTED LIVING INC			
SIGNATURE OF LEGAL ENTITY <i>Jo Ann Standish</i>	DATE 1/13/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JK</i>	DATE 1/21/11

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
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	On 11/05/10, staff person C administered medications to residents. Staff person C has not completed an annual practicum since the initial medication training in 2007.	1/13/2011	<p>Administrator did not know of the annual practicum.</p> <p>1) Since then, [redacted] from Scenic View has observed and signed off myself AND MY STAFF AND</p> <p>2) I have registered for Feb 22-23rd Medication Administration Training for \$415.00</p>	1/21/11

Adult Residential Licensing

3) you may confirm with 1-800-428-1111

Handwritten signature

Standish

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

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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>JoAnn Standish</i>	DATE 11/3/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/21/11

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
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	<p style="font-size: 1.2em; text-align: center;">Continued from page 5 of 6</p> <p style="text-align: center; font-weight: bold;">Western Region</p> <p style="text-align: center;">11/3/2011</p>	<p style="font-size: 1.2em; text-align: center;">11/13/2011</p>	<p style="font-size: 1.2em;">Reg for class for Feb 22-23rd, 2011 in Pittsburgh 401 Holiday Drive 412-922-8100</p> <p style="text-align: center;">----- Thank you</p>	

Standish

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