

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CPSR ASSOCIATES, LLC LEGAL ENTITY

To operate MON VALLEY CARE CENTER NAME OF FACILITY OR AGENCY

Located at 200 STOOPS DRIVE, MONONGAHELA, PA 15063 (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 41 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 February 26, 2011 until February 26, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **418160**

Robert E. Robinson

ISSUING OFFICER

R C King

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 28 2011

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

Mr. Philip M. Ripepi, NHA
CPSR Associates, LLC
500 Lewis Run Road
Pittsburgh, Pennsylvania 15122

RE: Mon Valley Care Center
200 Stoops Drive
Monongahela, Pennsylvania 15063

Dear Mr. Ripepi:

As a result of the Department of Public Welfare's licensing inspection on December 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 black ink, appearing to read "R Melusky".

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME MON VALLEY CARE CENTER, 200 STOOPS DRIVE MONONGAHELA, PA 15063		CURRENT LICENSE NUMBER 418160	
INSPECTION DATES (Include all dates of the inspection) 12/20/2010		REGIONAL REPRESENTATIVE M. Orme, M. Marini	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DAMIAN KNAPP RN/PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Damian Knapp RN/PCA</i>	DATE <i>1/19/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Just Humbert Jr</i>	DATE <i>1-21-11</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
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the eleven consecutive fire drills conducted from 1/21/10 through 11/30/10 does not indicate the actual time of evacuation in minutes and seconds.	<i>1/5/11</i>	Resident Care Co-ordinator will document AS per regulation 132c the actual times of Evacuation in minutes and seconds See Attached fire Drill Documentation AS of 1/5/11	Steps have been taken to correct violation; full compliance is not verifiable <i>1-21-11</i> Date Initials (DPW)

01/20/2011 THU 15:24 FAX 724 310 1197 Mon Valley Care 3rd FL. 0004/014

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

NAME AND ADDRESS OF PERSONAL CARE HOME MON VALLEY CARE CENTER, 200 STOOPS DRIVE MONONGAHELA, PA 15063		CURRENT LICENSE NUMBER 418160	
INSPECTION DATES (Include all dates of the inspection) 12/20/2010		REGIONAL REPRESENTATIVE M. Orme, M. Marini	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DAMIAN WISNIEWSKI RN/PCITA</i>			
SIGNATURE OF LEGAL ENTITY <i>Damian Wisniewski RN/PCITA</i>		DATE <i>1/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gf</i>
			DATE <i>1-21-11</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
	Mont	Date	Time	Evac. Time	FSE			
	Jan	01/21/2010	05:56 AM	5 min	No			
	Feb	02/15/2010	10:30 AM	3.5 min	No			
	Mar	03/13/2010	05:35 AM	5 min	No			
	Apr	04/27/2010	01:35 PM	3min	No			
	May	05/04/2010	03:20 PM	4min	No			
	Jun	06/15/2010	05:31 AM	5min	No			
	Jul	07/22/2010	08:30 AM	4min	No			
	Aug	08/10/2010	03:14 PM	3 min	No			
	Sep	09/28/2010	05:37 AM	5min	No			
	Oct	10/29/2010	01:10 PM	3min	No			
	Nov	11/30/2010	02:40 PM	3min	No			
	Dec				No			

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

NAME AND ADDRESS OF PERSONAL CARE HOME MON VALLEY CARE CENTER, 200 STOOPS DRIVE MONONGAHELA, PA 15063		CURRENT LICENSE NUMBER 418160	
INSPECTION DATES (Include all dates of the inspection) 12/20/2010		REGIONAL REPRESENTATIVE M. Orme, M. Marini	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Doreen Kinnane RN/PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Doreen Kinnane RN/PCA</i>		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			<i>1-21-11</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																																																																	
132f Alternate exit routes shall be used during fire drills.	The North wings, South wings, West wings, and hallway exits were used for all eleven consecutive fire drills conducted from 1/21/10 through 11/30/10.	<i>1/5/11</i>	Plant operations Manager will ensure a different / Alternate exit routes will be used during each monthly fire drill. 1) see attached fire drill documentation as of 1/5/11 2) see attached addendum - new policy added to Mon Valley Care Center Fire Drills.	Steps have been taken to correct violation; full compliance is not verifiable. <i>1-21-11</i> Date Initials (DPW)																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/21/2010</td><td>05:56 AM</td><td>5 min</td><td>No</td></tr> <tr><td>Feb</td><td>02/15/2010</td><td>10:30 AM</td><td>3.5 min</td><td>No</td></tr> <tr><td>Mar</td><td>03/13/2010</td><td>05:35 AM</td><td>5 min</td><td>No</td></tr> <tr><td>Apr</td><td>04/27/2010</td><td>01:35 PM</td><td>3min</td><td>No</td></tr> <tr><td>May</td><td>05/04/2010</td><td>03:20 PM</td><td>4min</td><td>No</td></tr> <tr><td>Jun</td><td>06/15/2010</td><td>05:31 AM</td><td>5min</td><td>No</td></tr> <tr><td>Jul</td><td>07/22/2010</td><td>08:30 AM</td><td>4min</td><td>No</td></tr> <tr><td>Aug</td><td>08/10/2010</td><td>03:14 PM</td><td>3 min</td><td>No</td></tr> <tr><td>Sep</td><td>09/28/2010</td><td>05:37 AM</td><td>5min</td><td>No</td></tr> <tr><td>Oct</td><td>10/29/2010</td><td>01:10 PM</td><td>3min</td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2010</td><td>02:40 PM</td><td>3min</td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/21/2010	05:56 AM	5 min	No	Feb	02/15/2010	10:30 AM	3.5 min	No	Mar	03/13/2010	05:35 AM	5 min	No	Apr	04/27/2010	01:35 PM	3min	No	May	05/04/2010	03:20 PM	4min	No	Jun	06/15/2010	05:31 AM	5min	No	Jul	07/22/2010	08:30 AM	4min	No	Aug	08/10/2010	03:14 PM	3 min	No	Sep	09/28/2010	05:37 AM	5min	No	Oct	10/29/2010	01:10 PM	3min	No	Nov	11/30/2010	02:40 PM	3min	No	Dec				No			
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