

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKDALE SENIOR LIVING COMMUNITIES, INC.

To operate STERLING HOUSE OF PENN HILLS

Located at 7151 SALTSBURG ROAD, PITTSBURGH, PA 15235

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

The total number of persons which may be cared for at one time may not exceed 26
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 March 18, 2011 until March 18, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 431590

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

MAR 18 2011

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

Mr. John P. Rijos, Co-President
Brookdale Senior Living Communities, Inc.
Sterling House of Penn Hills
7151 Saltsburg Road
Pittsburgh, Pennsylvania 15235

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on December 29, 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 'RM', with a long horizontal flourish extending to the right.

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 STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA 15235		CURRENT LICENSE NUMBER 431590	
INSPECTION DATES (Include all dates of the inspection) 12/29/2010		REGIONAL REPRESENTATIVE Diane Whitney, Lindsey Wislie	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;"><i>Judy Carrabba Executive Director</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Judy Carrabba, ED</i>	DATE <i>2/4/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE <i>2/2/11</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:
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person A, whose first day of work was 11-2-2008 did not receive the first day orientation in evacuation procedures, staff duties and responsibilities during fire drills, outside designated meeting place for fire evacuation, safe smoking procedures, and location of the home's fire extinguishers.	2 - 4 - 11	In accordance with the applicable requirements, the noted associate has received the necessary training. Further audits of current associate files was completed on 2/1/11 and are in compliance with this regulation. Ongoing the use of an orientation checklist will be implemented with new associates and will include the DPW required training. New hire records will be reviewed for compliance by Executive Director or designee.	2-4-11	<p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="margin: 0;"><i>3/3/11</i> <i>DPW</i></p> <p style="font-size: 0.8em; margin: 0;">Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA 15235		CURRENT LICENSE NUMBER 431590	
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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) <i>Judy Carrobbia, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Judy Carrobbia</i>	DATE <i>2-4-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Amber</i>	DATE <i>3/2/11</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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			<i>Cont'd</i>	

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) <i>Judy Carrabba Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Judy Carrabba, ED</i>		DATE <i>2-4-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Amburge</i>
			DATE <i>3/2/11</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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff person A did not receive training on resident rights or abuse (OAPSA) within their first 40 hours of employment.	<i>2-4-11</i>	In accordance with the applicable requirements, the noted associate has received the necessary training. Further, an audit of current associate files for OAPSA and abuse training within the first 40 hours was completed on 2/1/11 and are compliant with this regulation. Ongoing the use of an orientation check list will be implemented to include OAPSA and abuse training within the first 40 hours worked. A review by the Executive Director or a designee will be conducted on all new hire paperwork for compliance	<i>2-4-11</i> <i>2/3/11</i> Date Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable
2/3/11
Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA 15235		CURRENT LICENSE NUMBER 431590	
INSPECTION DATES (Include all dates of the inspection) 12/29/2010		REGIONAL REPRESENTATIVE Diane Whitney, Lindsey Wislie	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Judy Carrobbio Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Judy Carrobbio</i>	DATE <i>2-4-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE <i>3/2/14</i>

REGULATION 55 Pa.Code §2600 and conditions.	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
			<u>cont'd</u>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA 15235		CURRENT LICENSE NUMBER 431590	
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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) <i>Judy Carrobbia Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Judy Carrobbia ED</i>	DATE <i>2-4-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomber</i>	DATE <i>3/2/11</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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person B received only 4.5 hours of the required 12 hours of annual training in training year 2009.	<i>2-4-11</i> ²	<p>In accordance with the applicable requirements, the noted associate has received the necessary training. The Executive Director reviewed current associate training files for the required 12 hours of annual training and these are in compliance. The Executive Director or a designee will review monthly training attendance sheet to verify required training was completed.</p> <p><i>Direct care staff persons who miss scheduled training sessions will be rescheduled. The Executive Director will monitor. cs 3/2/11</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>3/3/11</i> <i>CS</i></p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA 15235		CURRENT LICENSE NUMBER 431590	
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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) <i>Judy Carrabba Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Judy Carrabba ED</i>		DATE 2-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>
			DATE 3/2/11

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff person A did not receive training in resident rights, OAPSA and emergency preparedness procedures during the 2009 training year. Staff person B did not receive training in OAPSA and fire safety during the 2009 training year.	2-4-11 <i>CB</i>	In accordance with the applicable requirements the noted associate has received the necessary training. Audits of current associate files was completed on 2/1/11 and are in compliance. The Executive Director or designee will audit annual training attendance sheet to verify required training was completed	Steps have been taken to correct violation; full compliance is not verifiable 3/3/11 <i>CB</i> Date Initials (DPW)

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA - 15235		CURRENT LICENSE NUMBER 431590	
INSPECTION DATES (Include all dates of the inspection) 12/29/2010		REGIONAL REPRESENTATIVE Diane Whitney, Lindsey Wislie	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Judy Corabbi Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Judy Corabbi</i>		DATE 2-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Amburge</i>
		DATE	

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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			<i>Cont'd</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA .15235		CURRENT LICENSE NUMBER 431590	
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SIGNATURE OF LEGAL ENTITY <i>Judy Carrabbia</i>	DATE 2-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE 3/2/11

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Bedroom #16 did not have a bedside light.	2-4-11	A bedside lamp was placed in room on 1/3/11. Resident rooms were checked for placement of bedside lamps and are in compliance. This regulation will be reviewed with appropriate associates to maintain ongoing monitoring for placement of bedside lamps on a routine basis during daily care and housekeeping. The Executive Director or a designee will conduct routine building rounds to monitor for compliance.	2-4-11 3/2/11 Date Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable
3/2/11
Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Judy Carrabba</i>	DATE 2-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyrl Boring</i>	DATE 3/2/11

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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 drill conducted on 12-29-2009 did not specify if the alarm was operative.	2-4-11	<p>The 12/29/09 fire drill record was reviewed and it states the alarm was operative. See attached fire drill record. This regulation was reviewed to ensure continued compliance.</p> <p><i>The administrator or designee will review the fire drill log monthly to ensure that it complete and accurate - 03/2/11</i></p>	<p><i>2-4-11</i> <i>3/2/11</i></p>

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

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SIGNATURE OF LEGAL ENTITY <i>Judy Corrobba</i>	DATE <i>2-4-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bunker</i>	DATE <i>3/2/11</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																																																																	
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SIGNATURE OF LEGAL ENTITY <i>Judy Carrobbio</i>		DATE 2-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Capt Bomby</i>
			DATE 3/3/11

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																																																																	
132e A fire drill shall be held during sleeping hours once every 6 months.	The last fire drill conducted during sleeping hours was on 3-28-2010 at 6:15am. <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>01/30/2010</td><td>11:27 AM</td><td>4min,20sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/26/2010</td><td>03:26 PM</td><td>5min,15sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/28/2010</td><td>06:15 AM</td><td>5min,13sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/30/2010</td><td>11:04 AM</td><td>4min,50sec</td><td>No</td></tr> <tr><td>May</td><td>05/29/2010</td><td>10:30 AM</td><td>5min,15sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/04/2010</td><td>02:11 PM</td><td>4min,13sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/30/2010</td><td>11:34 AM</td><td>4min,20sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/31/2010</td><td>03:38 PM</td><td>5min,22min</td><td>No</td></tr> <tr><td>Sep</td><td>09/30/2010</td><td>01:06 PM</td><td>3min,50min</td><td>No</td></tr> <tr><td>Oct</td><td>10/29/2010</td><td>11:29 AM</td><td>4min,20sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/29/2010</td><td>03:09 PM</td><td>3min,5sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/29/2009</td><td>06:03 AM</td><td>7min,49sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/30/2010	11:27 AM	4min,20sec	No	Feb	02/26/2010	03:26 PM	5min,15sec	No	Mar	03/28/2010	06:15 AM	5min,13sec	No	Apr	04/30/2010	11:04 AM	4min,50sec	No	May	05/29/2010	10:30 AM	5min,15sec	No	Jun	06/04/2010	02:11 PM	4min,13sec	No	Jul	07/30/2010	11:34 AM	4min,20sec	No	Aug	08/31/2010	03:38 PM	5min,22min	No	Sep	09/30/2010	01:06 PM	3min,50min	No	Oct	10/29/2010	11:29 AM	4min,20sec	No	Nov	11/29/2010	03:09 PM	3min,5sec	No	Dec	12/29/2009	06:03 AM	7min,49sec	No	2-4-11	This regulation was reviewed with appropriate staff to ensure that fire drills moving forward in 2011 are in compliance, including drills during sleeping hours once every six months. The Executive Director, Maintenance Technician or a designee will audit fire drill logs on a monthly basis during safety committee meetings to ensure compliance.	2-4-11 sa
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VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA 15235		CURRENT LICENSE NUMBER 431590	
INSPECTION DATES (Include all dates of the inspection) 12/29/2010		REGIONAL REPRESENTATIVE Diane Whitney, Lindsey Wislie	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Judy Casabla Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Judy Casabla, ED</i>	DATE <i>2-4-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Binsky</i>	DATE <i>3/3/11</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
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 home's menu posted was for the week of 12-19 -2010 through 12-25 -2010. The current week's menu was not posted.	12-29-10	The current menu was posted subsequent during the time of survey. This regulation was reviewed with appropriate staff to ensure understanding. The Executive Director, Dining Service Coordinator or a designee will verify weekly during building rounds that the current week menu is posted.	3/3/11 <i>eb</i>

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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) <i>Judy Carrobbio Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Judy Carrobbio ED</i>		DATE 2-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>
			DATE 3/3/11

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #5's prescribed medication DOK 100mg PRN was not available in the home.	2-4-11	Medication for resident #5 was ordered as appropriate. A medication cart audit completed on 12/30/10 by the Health and Wellness Director. Prescriptions were ordered, received and in compliance. A system is in place to verify that the Medication Technician will notify the Health and Wellness Director and the pharmacy when medications need to be reordered prior to using the last dose. The Health and Wellness Director or a designee will conduct medication cart audits weekly to verify medications are available.	2-4-11 Steps have been taken to correct violation, full compliance is not verified 3/3/11 Date Initials (DPV)

NAME AND ADDRESS OF PERSONAL CARE HOME STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA 15235		CURRENT LICENSE NUMBER 431590	
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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) <i>Judy Corrobbia Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Judy Corrobbia</i>	DATE 2-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bumborg</i>	DATE 3/3/11

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
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 December 2010 medication administration record for resident #5 did not include the available prescription for Amoxicillian caplets 500mg - 4 caplets(2grams) 1 hour prior to dental appointments effective 7-10-2010.	2-4-11 CB	Omni Care Pharmacy printed the December MAR and removed this medication from the med sheet. This was a prn order. Dr. Pavlick Was notified and we received a New order to discontinue medication. Further audits will be done monthly To ensure the accuracy of the MAR's By the Health & Wellness Director or Designee	2-4-11 3/3/11 CB Date Initials (DPW)

The medications and MAR's will be reviewed each month when received from the pharmacy. Any errors or discrepancies will be immediately addressed. CB 3/2/11

Steps have been taken to correct violation; full compliance is not verified
 3/3/11 CB
 Date Initials (DPW)

RECEIVED TIME MAR. 2. 2:55 PM

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

NAME AND ADDRESS OF PERSONAL CARE HOME STERLING HOUSE OF PENN HILLS, 7151 SALTSBURG ROAD PITTSBURGH, PA 15235		CURRENT LICENSE NUMBER 431590	
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SIGNATURE OF LEGAL ENTITY <i>Judy Corrobbio, ED</i>	DATE <i>2-4-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyrl Bmsly</i>	DATE <i>3/2/11</i>

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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.			<i>contd</i>	

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

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SIGNATURE OF LEGAL ENTITY <i>Judy Carrabba</i>	DATE <i>2-4-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cys...</i>	DATE <i>3/3/11</i>

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187d The home shall follow the directions of the prescriber.	Resident #6's prescription label for Depakote read 125mg - 1 tablet every morning and 2 tablets at bedtime. The medication administration record read Depakote 125mg - 1 tablet by mouth every morning. The most current doctor's change order of 11-5-2010 read Depakote ER 250mg PO at bedtime. Staff dispensed the medication at 1-125mg tablet at 9:00am from 11-5-2010 thru 12-29-2010.	<i>2-4-11</i>	The transcription error was corrected on the January 2011 medication sheet. A review of all Medication Administration Records and current physician orders completed by The Health and Wellness Director on 12/31/10. Appropriate associates received training on current transcription of medication orders at the time of receipt. The Health and Wellness Director or a designee will audit the MARS monthly to verify medications are documented correctly.	<i>2-4-11</i> <i>3/3/11</i> Date Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable
3/3/11
Date Initials (DPW)