

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PERRY SOUTH PERSONAL CARE HOME, LTD

LEGAL ENTITY

To operate PERRY SOUTH PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 1129 TWEED STREET, PITTSBURGH, PA 15204

(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 8
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 April 1, 2011 until April 1, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433730

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

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

MAR 18 2011

Ms. Linda Howard, Administrator
Perry South Personal Care Home, LTD
Perry South Personal Care Home
1129 Tweed Street
Pittsburgh, Pennsylvania 15204

Dear Ms. Howard:

As a result of the Department of Public Welfare's licensing inspection on January 3, 2011 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 at the end.

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 PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA Howard Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Pizzino (JPP)</i>	DATE <i>2-25-11</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
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.	On 01/03/10 the home's current violation report was not posted in a conspicuous and public place in the home. 	<i>2-17-11 JPP</i> <i>3-10-11</i>	<i>The current Violation Report will be placed on the mantle in the dining room and will always remain there. The administrator will check weekly to ensure the most current violation report is posted in a public place. 2-25-11 JPP</i>	<i>2-25-11 JPP</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA Howard Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>2-25-11</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
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 12/30/10, did not have a resident-home contract completed. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region FEB 07 2011 Adult Residential Licensing </div>	<i>1-4-11</i> <i>JA</i> <i>3-10-11</i>	<i>Resident #1, we made the correction of getting a signed contract between the Personal C.H. and the resident. From now on every time we have a new resident a contract will be signed by the Home & Resident within 24 hours and reviewed yearly. Correction was made on Jan. 4 - 2011. The administrator will review all resident records to ensure they have a current contract. 2-8-11 JJP</i>	<i>2-25-11 JJP</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA HOWARD Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2-25-11</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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Two bottles of "Totally Awesome degreaser" and a bottle of "Brawny Mop and Shine" with manufacturer's labels indicating "if swallowed, call a poison control center", were found unlocked and accessible to residents in an unlocked base cabinet beneath the kitchen sink. Per staff person A, the administrator, not all of the home's residents have been assessed capable of recognizing and using poisons safely. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto; text-align: center;"> Western Region FEB 07 2011 Adult Residential Licensing </div>	<i>1-4-11</i> <i>AT</i>	The STAFF WAS NOTIFIED ON THE IMPORTANCE OF KEEPING ALL POISONOUS MATERIALS LOCKED AT ALL TIMES; THIS WILL BE CHECKED AFTER EACH SHIFT BY THE NEXT PERSON COMING TO WORK TO MAKE SURE ALL LOCKS ARE FASTENED. AND TO DOUBLE CHECK TO SEE IF THEY ARE CLOSED AFTER USING SOME THING	<i>2-25-11</i> <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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;">LINDA HOWARD Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 01/03/11, at 11:00AM, the water temperature at the bathroom sink in the second floor shared resident bathroom measured 126.1 degrees Fahrenheit. At 1:55 PM, the water temperature at the bathroom sink on the second floor shared resident bathroom measured 131degrees Fahrenheit.	1-4-11 LA	The hot water tank was turned down to meet the correct temp. And we will check it weekly to see that it stays safe for all residents we bought a water thermometer to be used when checking the water is holding below 120°F usually between 110°F - 115°F AS close AS possible	2-25-11 JJP

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Linda Howard Administrator			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-25-11

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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The exterior ramp and one step leading from the home's exterior fire escape to the sidewalk, lacks a handrail. This exit path may be used as an emergency means of egress from the home.	3-31-11 JH	The Ramp And the step leading from the exterior fire escape will have a hand rail securely placed when the weather is better (by the end of march) or before if the weather permits us to do it sooner we do understand the importance of having placed.	

3-10-11 The administrator or designee will inspect the home both inside and outside to ensure all ramps and stairs have a secured handrail. 2-8-11 JJP

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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;">LINDA HOWARD Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There is no bedside table or shelf beside the bed for resident #2 in bedroom #1.	1-4-11 JPP	we put a bedside table in the room for Resident #2 we will make sure Every Resident has a shelf or bedside table ? The administrator will inspect all bedrooms monthly to ensure all residents have a bedside table or shelf. 2-8-11 JPP	2-25-11 JPP
		3-10-11		

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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>Linda Howard Administrator</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2-25-11</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
101p There shall be doors on the bedrooms.	Bedroom #4 does not have a door.	<i>1-4-11 LH</i>	<i>Bed Room # 4 HAS the door put back on! We had it stored in the basement, but every Bed Room has a door on it for Residents Privacy</i>	<i>2-25-11 [Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA HOWARD Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2-25-11</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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 01/03/11, at 1:55 PM, the temperature in the right freezer in the home's basement was 6 degrees Fahrenheit, and the temperature in the left freezer in the home's basement was 8 degrees Fahrenheit. Repeated Violations: 02/03/2010	<i>1-4-11 [Signature]</i>	<i>We will MAINTAIN temp. of 40°F for Refri food and A temp of below 0°F for frozen foods. we bought New thermometers for both freezers. We will PLAN to check freezers before shopping monthly to ensure the</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable [Signature] Date Initials (DPW)</i>

temperatures are at or below 0°F. 2-8-11 [Signature]

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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;">LINDA Howard Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
103i Outdated or spoiled food or dented cans may not be used.	The right freezer located in the home's basement contained the following foods which were not labeled and dated when frozen: 6 packages of chicken, 4 packages of ground meat, 2 packages of roast-cut meats, and 2 packages of vegetables.	1-4-11 JJP	All foods will be labeled and dated once they have been taken from the original package. All other meat was dated and labeled. This will be done every month as we go shopping to be able to rotate our supplies.	2-25-11 JJP

3-10-11 the administrator will inspect the freezer after groceries have been purchased to ensure all food is labeled and dated when frozen. 2-8-11 JJP

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Linda Howard Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>2-25-11</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																																																																	
132a An unannounced fire drill shall be held at least once a month.	No fire drill was conducted in the home during 12/2010. <table border="1"> <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></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td>02/05/2010</td><td>11:30 PM</td><td>2 min 00sec</td><td>Yes</td></tr> <tr><td>Mar</td><td>03/12/2010</td><td>04:30 PM</td><td>1min 26sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/18/2010</td><td>05:00 PM</td><td>1min 32sec</td><td>No</td></tr> <tr><td>May</td><td>05/11/2010</td><td>03:00 PM</td><td>2min 00sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/02/2010</td><td>12:00 PM</td><td>2min 14sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/12/2010</td><td>02:00 PM</td><td>2min 10sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/23/2010</td><td>04:00 PM</td><td>2 min 00sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/17/2010</td><td>09:45 AM</td><td>1min 23sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/10/2010</td><td>04:15 PM</td><td>1min 48sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/22/2010</td><td>01:15 PM</td><td>1 min 10sec</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				No	Feb	02/05/2010	11:30 PM	2 min 00sec	Yes	Mar	03/12/2010	04:30 PM	1min 26sec	No	Apr	04/18/2010	05:00 PM	1min 32sec	No	May	05/11/2010	03:00 PM	2min 00sec	No	Jun	06/02/2010	12:00 PM	2min 14sec	No	Jul	07/12/2010	02:00 PM	2min 10sec	No	Aug	08/23/2010	04:00 PM	2 min 00sec	No	Sep	09/17/2010	09:45 AM	1min 23sec	No	Oct	10/10/2010	04:15 PM	1min 48sec	No	Nov	11/22/2010	01:15 PM	1 min 10sec	No	Dec				No	<i>1-20-11 JJP</i> <i>3-20-11</i> <i>3-20-11</i>	<i>Monthly Fire drills will be conducted in the home yearly for the fire inspectors we will also make sure one is done during sleeping hours. All staff persons will be educated on the fire drill requirements of 2600.132a and the required documentation of fire drills in 2600.132c. Documentation will be kept. The administrator will monitor all fire drills and the fire drill record to ensure at least one unannounced fire drill</i>	<i>2-25-11 JJP</i>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan				No																																																																	
Feb	02/05/2010	11:30 PM	2 min 00sec	Yes																																																																	
Mar	03/12/2010	04:30 PM	1min 26sec	No																																																																	
Apr	04/18/2010	05:00 PM	1min 32sec	No																																																																	
May	05/11/2010	03:00 PM	2min 00sec	No																																																																	
Jun	06/02/2010	12:00 PM	2min 14sec	No																																																																	
Jul	07/12/2010	02:00 PM	2min 10sec	No																																																																	
Aug	08/23/2010	04:00 PM	2 min 00sec	No																																																																	
Sep	09/17/2010	09:45 AM	1min 23sec	No																																																																	
Oct	10/10/2010	04:15 PM	1min 48sec	No																																																																	
Nov	11/22/2010	01:15 PM	1 min 10sec	No																																																																	
Dec				No																																																																	

is conducted monthly. Documentation will be kept at the time of each fire drill. 2-8-11 JJP

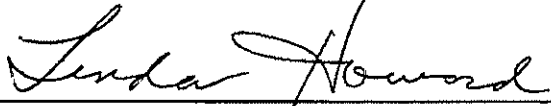
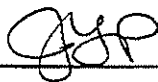
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA Howard Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2-25-11

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.	<p>The last drill conducted during sleeping hours was on 02/05/2010 at 11:30 PM.</p> <p>Repeated Violations: 02/03/2010</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <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></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td>02/05/2010</td><td>11:30 PM</td><td>2 min 00sec</td><td>Yes</td></tr> <tr><td>Mar</td><td>03/12/2010</td><td>04:30 PM</td><td>1min 26sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/18/2010</td><td>05:00 PM</td><td>1min 32sec</td><td>No</td></tr> <tr><td>May</td><td>05/11/2010</td><td>03:00 PM</td><td>2min 00sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/02/2010</td><td>12:00 PM</td><td>2min 14sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/12/2010</td><td>02:00 PM</td><td>2min 10sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/23/2010</td><td>04:00 PM</td><td>2 min 00sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/17/2010</td><td>09:45 AM</td><td>1min 23sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/10/2010</td><td>04:15 PM</td><td>1min 48sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/22/2010</td><td>01:15 PM</td><td>1 min 10sec</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				No	Feb	02/05/2010	11:30 PM	2 min 00sec	Yes	Mar	03/12/2010	04:30 PM	1min 26sec	No	Apr	04/18/2010	05:00 PM	1min 32sec	No	May	05/11/2010	03:00 PM	2min 00sec	No	Jun	06/02/2010	12:00 PM	2min 14sec	No	Jul	07/12/2010	02:00 PM	2min 10sec	No	Aug	08/23/2010	04:00 PM	2 min 00sec	No	Sep	09/17/2010	09:45 AM	1min 23sec	No	Oct	10/10/2010	04:15 PM	1min 48sec	No	Nov	11/22/2010	01:15 PM	1 min 10sec	No	Dec				No	2-18-11 <i>[Signature]</i>	<p><i>we will take better care to see that a Fire drill is done during sleeping hrs this to be done no less than every 6 months. Starting in Feb the Fire Inspector is due and they will try to do this when they come.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date 2-25-11 Initials (DPW)</p>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan				No																																																																	
Feb	02/05/2010	11:30 PM	2 min 00sec	Yes																																																																	
Mar	03/12/2010	04:30 PM	1min 26sec	No																																																																	
Apr	04/18/2010	05:00 PM	1min 32sec	No																																																																	
May	05/11/2010	03:00 PM	2min 00sec	No																																																																	
Jun	06/02/2010	12:00 PM	2min 14sec	No																																																																	
Jul	07/12/2010	02:00 PM	2min 10sec	No																																																																	
Aug	08/23/2010	04:00 PM	2 min 00sec	No																																																																	
Sep	09/17/2010	09:45 AM	1min 23sec	No																																																																	
Oct	10/10/2010	04:15 PM	1min 48sec	No																																																																	
Nov	11/22/2010	01:15 PM	1 min 10sec	No																																																																	
Dec				No																																																																	

See page 11A

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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 2-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11


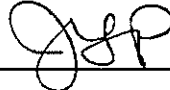
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
132e A fire drill shall be held during sleeping hours once every 6 months.	<p>The last drill conducted during sleeping hours was on 02/05/2010 at 11:30 PM.</p> <p>Repeated Violations: 02/03/2010</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Mont</u></th> <th style="text-align: left;"><u>Date</u></th> <th style="text-align: left;"><u>Time</u></th> <th style="text-align: left;"><u>Evac. Time</u></th> <th style="text-align: left;"><u>FSE</u></th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td>02/05/2010</td><td>11:30 PM</td><td>2 min 00sec</td><td>Yes</td></tr> <tr><td>Mar</td><td>03/12/2010</td><td>04:30 PM</td><td>1min 26sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/18/2010</td><td>05:00 PM</td><td>1min 32sec</td><td>No</td></tr> <tr><td>May</td><td>05/11/2010</td><td>03:00 PM</td><td>2min 00sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/02/2010</td><td>12:00 PM</td><td>2min 14sec</td><td>No</td></tr> <tr><td>Jui</td><td>07/12/2010</td><td>02:00 PM</td><td>2min 10sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/23/2010</td><td>04:00 PM</td><td>2 min 00sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/17/2010</td><td>09:45 AM</td><td>1min 23sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/10/2010</td><td>04:15 PM</td><td>1min 48sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/22/2010</td><td>01:15 PM</td><td>1 min 10sec</td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>	Jan				No	Feb	02/05/2010	11:30 PM	2 min 00sec	Yes	Mar	03/12/2010	04:30 PM	1min 26sec	No	Apr	04/18/2010	05:00 PM	1min 32sec	No	May	05/11/2010	03:00 PM	2min 00sec	No	Jun	06/02/2010	12:00 PM	2min 14sec	No	Jui	07/12/2010	02:00 PM	2min 10sec	No	Aug	08/23/2010	04:00 PM	2 min 00sec	No	Sep	09/17/2010	09:45 AM	1min 23sec	No	Oct	10/10/2010	04:15 PM	1min 48sec	No	Nov	11/22/2010	01:15 PM	1 min 10sec	No	Dec				No	<p>3-20-11</p> <p>3-20-11</p>	<p>All staff persons will be educated on the requirements of sleeping hour's fire drills. Documentation will be kept.</p> <p>An administrator will monitor the fire drill record on a monthly basis to ensure a sleeping hour fire drill is conducted at least every six months.</p> <p style="font-style: italic; margin-top: 20px;">A sleeping hours fire drill was completed on 2-17-11.</p>	
<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>																																																																	
Jan				No																																																																	
Feb	02/05/2010	11:30 PM	2 min 00sec	Yes																																																																	
Mar	03/12/2010	04:30 PM	1min 26sec	No																																																																	
Apr	04/18/2010	05:00 PM	1min 32sec	No																																																																	
May	05/11/2010	03:00 PM	2min 00sec	No																																																																	
Jun	06/02/2010	12:00 PM	2min 14sec	No																																																																	
Jui	07/12/2010	02:00 PM	2min 10sec	No																																																																	
Aug	08/23/2010	04:00 PM	2 min 00sec	No																																																																	
Sep	09/17/2010	09:45 AM	1min 23sec	No																																																																	
Oct	10/10/2010	04:15 PM	1min 48sec	No																																																																	
Nov	11/22/2010	01:15 PM	1 min 10sec	No																																																																	
Dec				No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) LINDA HOWARD Administrator			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JSP</i>	DATE 2-25-11

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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 01/03/11, at 9:30 AM, a plastic medication cup containing 8 pills was unlocked, unattended by staff, and accessible to residents on the table in the home's dining room.	2-17-11 AT	AT NO time will medication be unlocked unattend OR accessible to ANY Resident. All medication shall be dispensed one at a time for each Resident and marked in the MAR'S book AT the time we see each one take the pills. See page 12A	Steps have been taken to correct violation; full compliance is not verifiable 02/15/11 Initials (DFW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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 2-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 01/03/11, at 9:30 AM, a plastic medication cup containing 8 pills was unlocked, unattended by staff, and accessible to residents on the table in the home's dining room.	3-20-11 3-20-11	All staff persons will be educated on the required locked storage of medications. Documentation of the training will be kept. The administrator will check the home weekly to ensure all medications are stored in an area or container which is locked.	

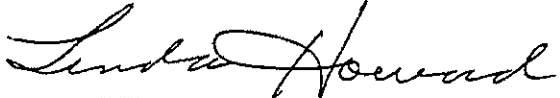

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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;"><i>Linda Howard Administrator</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JSP</i>	DATE <i>2-25-11</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
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	The original prescription label on resident #3's prescription medication lorazepam 0.5mg reads take 1 tablet twice daily. Marked in red pen on the original prescription label for the lorazepam 0.5 mg was: "8:00PM only -2 pills." On 11/17/10 - 01/02/11 inclusive, the MAR for resident #3 indicates that the resident's lorazepam was administered only 1X per day, at 8 PM. Per staff person A, the administrator, the home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.	<i>2-17-11 JSP</i>	we received a New label from the Drug store with the corrections and the DR. gave us a RX with the corrections see attached Ref. We will not give any changes with out written order from the Doctor.	<i>2-25-11 JSP</i>

- See page 13A

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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 2-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	The original prescription label on resident #3's prescription medication lorazepam 0.5mg reads take 1 tablet twice daily. Marked in red pen on the original prescription label for the lorazepam 0.5 mg was: "8:00PMonly -2 pills." On 11/17/10 - 01/02/11 inclusive, the MAR for resident #3 indicates that the resident's lorazepam was administered only 1X per day, at 8 PM. Per staff person A, the administrator, the home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.	3-20-11 3-20-11	The administrator or designated staff person will review all current physician orders and resident MAR's to ensure all medication records are accurate and current. The administrator will review all physician orders, any prescription change orders and resident MAR's weekly to ensure all medication records are accurate and current. Documentation will be kept.	


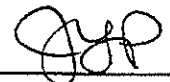
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Linda Howard Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>2-25-11</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
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.	The MAR for resident #4 lists the following prescribed medication which was unavailable in the medication cart for the resident: zinc oxide ointment-use as directed.	<i>1-11-11 LH</i>	<i>This is a OTC medication and the Resident calls this into the Drug store when [redacted] wants it Reordered we will continue to see to it that it is Refilled when [redacted] needs it for [redacted] Dry skin (face)</i>	<i>2-25-11 JJP</i>

See page 14A

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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 2-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

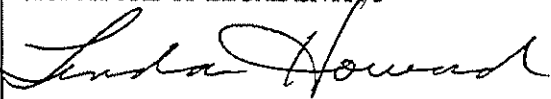

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The MAR for resident #4 lists the following prescribed medication which was unavailable in the medication cart for the resident: zinc oxide ointment-use as directed.	3-30-11	A designated staff person will conduct a check of resident prescriptions, physician orders and medications to ensure all prescribed medications are available in the home for administration. This designated staff person will audit the medication cart and MAR's at least monthly to ensure prescribed medications are available in the home, including PRN medications.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Linda Howard Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>2-25-11</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
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	According to staff training records, staff person A and staff person B have no additional medication administration training after completion of the Department-approved medications administration course's initial annual practicum on 06/27/09. Staff person C has no additional medication administration training after passing the Department-approved medication administration course's initial training on 06/05/07. Staff persons A, B, and C have all passed medications to residents in the home in 01/2011.	<i>1-14-11 JJP</i>	<i>there will be additional training done by MANA Personal Care Home in the next several weeks and a copy will be sent to MS N. Mandock also for staff C. A copy of her training will also be sent to MS. N. Mandock.</i> <i>See page 15A</i>	<i>2-25-11 JJP</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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 2-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	According to staff training records, staff person A and staff person B have no additional medication administration training after completion of the Department-approved medications administration course's initial annual practicum on 06/27/09. Staff person C has no additional medication administration training after passing the Department-approved medication administration course's initial training on 06/05/07. Staff persons A, B, and C have all passed medications to residents in the home in 01/2011.	3-20-11 3-20-11	The administrator will review all staff person training records to ensure all staff persons administering medications are qualified to administer medications. The administrator will review all medication administration training records as part of the quality management review to ensure all staff persons continue to meet the qualifications to administer medications.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Linda Howard Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>2-25-11</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
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #3 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.	<i>2-17-11 JJP</i>	<i>All Residents were Educated AFTER our inspection and has signed off on this. Every new Resident will be told about this and will be asked to sign that they know (or there representative) the right to question or refuse a medication will be attached to the home's contract so that all new admissions will be informed. 2-8-11 JJP</i>	<i>2-25-11 JJP</i>
		<i>3-20-11</i>		

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA HOWARD Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JSP</i>	DATE <i>2-25-11</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
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 medication administration record for resident #1 does not include the diagnoses for all of resident #1's prescribed medications. The medication administration record for resident #3 does not include the diagnosis for resident #3's prescribed medication-lorazepam. The medication administration record for resident #4 does not include the diagnoses for resident #4's prescribed medications- klor-con and zinc oxide ointment. Repeated Violations: 02/03/2010	<i>2-17-11</i> <i>ZTH</i>	<i>To AVOID this from happening again we will examine the MAR's when it comes in from the Drug store to see to it that All components meet the Requirements starting with the new ones in Feb 2011</i> <i>All corrections were made to All charts and MAR's</i>	<i>2-25-11</i> <i>JSP</i>

Steps have been taken to correct violation; full compliance is not verifiable
Date *2/25/11* Initials (DPW) *JSP*

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA Howard Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2-25-11</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
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>Everyone was educated on what to make sure is written on the MAR's if not send back or get new from the drug store check monthly Done by Administrator</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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;">Linda Howard Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	The following medications for resident #1 were administered by the home, but not recorded as administered on the resident's MAR: resident #1's 01/01/11- 8:00AM dose of advair diskus - 1 puff 2 times a day resident #1's 01/01/11 and 01/02/11- 8:00PM doses of oyster shell 500 +D.	1-4-11 JYP	the Resident did not Refuse the medication, it was not recorded this is to be taken very seriously and if extra education is needed we will do so. we have gone over the medication training since the inspection see page 19A	2-25-11 JYP

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

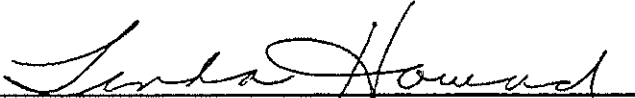
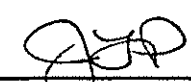
NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	The following medications for resident #1 were administered by the home, but not recorded as administered on the resident's MAR: resident #1's 01/01/11- 8:00AM dose of advair diskus - 1 puff 2 times a day resident #1's 01/01/11 and 01/02/11- 8:00PM doses of oyster shell 500 +D.	3-20-11 3-20-11 3-20-11	All staff persons administering medication will be reeducated on administering medication including documentation of medication administration. Documentation will be kept. A designated staff person will monitor the MAR and the administration of resident medication daily to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept. The administrator will monitor the MAR and the administration of resident medication weekly to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.	

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE/SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) LINDA HOWARD Administrator			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-25-11

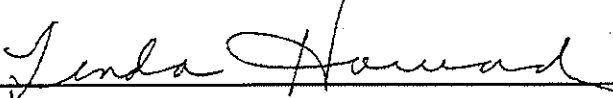
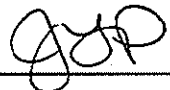
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The support plan, dated 02/26/10, for resident #3 lacked a signature page.	1-4-11 <i>AT</i>	All support plans will be signed by resident or their representative as they are done initially or yearly all so we have updated our paper's a signature was done by [redacted] brother on 1-4-11	2-25-11 <i>JJP</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">LINDA Howard Administrator</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11



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
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident #1's, #3's, and #4's records do not include the following: a photograph of the resident that is no more than 2 years old, and an inventory of the resident's personal property as declared by the resident upon admission. Resident #1's record does not include the resident's medical insurance information.	1-13-11 LH See Attached	All Records were gone over to see that All components are put in the file All Residents coming into the Home as of Feb 2011 will have every thing needed and added to their charts Pic, insurance etc. inventory list	2-25-11 JJP

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11


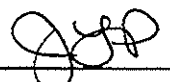
REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

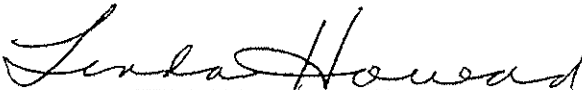
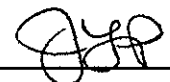
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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 1-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-25-11

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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
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>Linda Harwood</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>2-25-11</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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA HOWARD Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE <i>1-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>2-25-11</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
254b Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	Per staff person A, the administrator, the home has no written policies and procedures for managing records.	<i>1-4-11 JJP</i>	<i>Each Resident has their own chart which is locked in A file cabinet. All charts will be kept locked in a cabinet in the basement after discharged for use only by authorized persons. These will also remain confidential. A new policy was developed. All staff persons will be educated on the updated policy. Documentation will be kept. 2-25-11 JJP</i>	<i>2-25-11 JJP</i>
		<i>3-20-11</i>	<i>All staff persons will be educated on the updated policy. Documentation will be kept. 2-25-11 JJP</i>	