

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WG SOUTH HILLS SH, LLC

LEGAL ENTITY

To operate ATRIA SOUTH HILLS

NAME OF FACILITY OR AGENCY

Located at 5300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236

(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 139
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 15, 2011 until October 15, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442841

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

APR 15 2011

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

Mr. Joseph D. Lambert, Vice President
WG Woodbridge Place SH, LLC
401 South Fourth Street, Suite 1900
Louisville Kentucky 40202

RE: Atria South Hills
5300 Clairton Boulevard
Pittsburgh, Pennsylvania 15236

Dear Mr. Lambert:

As a result of the Department of Public Welfare's licensing inspection on March 9, 2011 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

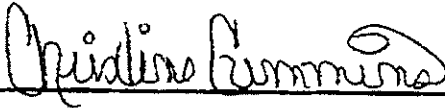

Sincerely,

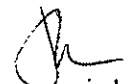
A handwritten signature in cursive script that reads "Ronald Melusky".

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (Include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director			
SIGNATURE OF LEGAL ENTITY 	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/30/11

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
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.	Chapter 2600 regulations were not posted in a public and conspicuous place in the home.	3/9/11	Corrected at time of inspection Attached regulations to holder in lobby. Executive Director or her designee will monitor daily for continued compliance	 3/30/11
Western Region				

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>		DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 3/30/11

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
25e) 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 1/18/11, did not have a resident-home contract completed until 1/20/11. Resident #2, admitted 7/10/09, did not have a resident-home contract completed until 7/13/09. Resident #3, admitted 8/19/10, did not have a resident-home contract completed until 9/30/10. Western Region 5	3/10/11	All residents will be presented with a contract and reviewed upon admission if not prior to admission by Community Business Director or Executive Director. The Executive Director or her designee will monitor for continued compliance. New contracts, or an addendum	Steps have been taken to correct violation; full compliance is not verifiable. 3-30-11 Date <i>[Signature]</i> Initials (DPW)
		5/31/11	to the current contracts will be prepared and signed by all required parties as soon as possible after the new legal entity closes on the sale of the home.	

Adult Residential Licensing

[Handwritten initials]

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (Include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Christine Cummins - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ju</i>	DATE 3/30/11

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees.	The contract for resident #4 was not signed by the responsible party.	3/10/11	The responsible person as defined in the contract guarantees payment. Therefore, if any such person is guaranteeing payment, such person shall sign the contract in accordance with the regulation. In addition, the contract will be signed by the resident's designated person, if any. The Executive Director or her designee shall monitor	Steps have been taken to correct violation; full compliance is not verifiable! <i>3/23/11</i> Date <i>Ju</i> Initials (DPI)

for continued compliance for each new/revised contract.

Ju 3/30/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Christine Cummins - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/30/11



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
25c11 11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	<p>The support plan for resident #5 was not attached to the resident's contract, which is kept in the business office.</p> <p>The support plan for resident #9 was not attached to the resident's contract, which is kept in the business office.</p>	3/10/11	<p>Upon completion of the support plan, it will be given to the Community Business Director then attached to the residents contract.</p> <p>The Executive Director or her designee shall monitor for continued compliance.</p> <p>Support plans attached</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>3-30-11</i> Date Initials (DPW)</p>


Adult Residential Licensing

to contracts of residents #5 and #9.

Ju 3-30-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (Include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director			
SIGNATURE OF LEGAL ENTITY 		DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 3/30/11

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
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures are not posted in a conspicuous and public place in the home.	3/10/11	Corrected at time of inspection, the emergency procedure binder was placed on our front desk. The executive director or her designee shall monitor for continued compliance.	 3-30-11
Western Region				

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>		DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JL</i>
			DATE 3-30-11

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																																																																	
132f Alternate exit routes shall be used during fire drills.	<p>"Front, side door, long & short halls" were exits that were used during the following fire drills: 3/18/10, 4/16/10, 5/19/10, 6/15/10, 7/14/10, 8/12/10, 9/29/10, 10/4/10, 11/19/10.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Exec. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/20/2011</td><td>08:35 PM</td><td>7 min, 19 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/25/2011</td><td>08:50 AM</td><td>7 min, 56 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/10/2010</td><td>02:00 PM</td><td>6 min, 54 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/16/2010</td><td>04:00 PM</td><td>6 min, 26 sec</td><td>No</td></tr> <tr><td>May</td><td>05/19/2010</td><td>06:00 AM</td><td>7 min, 54 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/15/2010</td><td>08:15 PM</td><td>7 min, 11 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/14/2010</td><td>03:20 PM</td><td>6 min, 43 sec</td><td>Yes</td></tr> <tr><td>Aug</td><td>08/12/2010</td><td>06:00 AM</td><td>7 min, 47 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2010</td><td>02:00 PM</td><td>7 min, 47 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/04/2010</td><td>04:30 AM</td><td>7 min, 36 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/19/2010</td><td>09:15 AM</td><td>7 min, 43 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/20/2010</td><td>02:25 PM</td><td>5 min, 56 sec</td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Exec. Time	FSE	Jan	01/20/2011	08:35 PM	7 min, 19 sec	No	Feb	02/25/2011	08:50 AM	7 min, 56 sec	No	Mar	03/10/2010	02:00 PM	6 min, 54 sec	No	Apr	04/16/2010	04:00 PM	6 min, 26 sec	No	May	05/19/2010	06:00 AM	7 min, 54 sec	No	Jun	06/15/2010	08:15 PM	7 min, 11 sec	No	Jul	07/14/2010	03:20 PM	6 min, 43 sec	Yes	Aug	08/12/2010	06:00 AM	7 min, 47 sec	No	Sep	09/29/2010	02:00 PM	7 min, 47 sec	No	Oct	10/04/2010	04:30 AM	7 min, 36 sec	No	Nov	11/19/2010	09:15 AM	7 min, 43 sec	No	Dec	12/20/2010	02:25 PM	5 min, 56 sec	No	3/18/11	<p>Although alternate routes were used on each drill, we will better mark which exits were blocked.</p> <p>The Executive Director or her designee will monitor for continued compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p><i>3/30/11</i> Date Initials (DPT)</p>
Month	Date	Time	Exec. Time	FSE																																																																	
Jan	01/20/2011	08:35 PM	7 min, 19 sec	No																																																																	
Feb	02/25/2011	08:50 AM	7 min, 56 sec	No																																																																	
Mar	03/10/2010	02:00 PM	6 min, 54 sec	No																																																																	
Apr	04/16/2010	04:00 PM	6 min, 26 sec	No																																																																	
May	05/19/2010	06:00 AM	7 min, 54 sec	No																																																																	
Jun	06/15/2010	08:15 PM	7 min, 11 sec	No																																																																	
Jul	07/14/2010	03:20 PM	6 min, 43 sec	Yes																																																																	
Aug	08/12/2010	06:00 AM	7 min, 47 sec	No																																																																	
Sep	09/29/2010	02:00 PM	7 min, 47 sec	No																																																																	
Oct	10/04/2010	04:30 AM	7 min, 36 sec	No																																																																	
Nov	11/19/2010	09:15 AM	7 min, 43 sec	No																																																																	
Dec	12/20/2010	02:25 PM	5 min, 56 sec	No																																																																	

Western Region

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (Include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>		DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 3/30/11

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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted to the home on 1/16/11. The medical evaluation was dated 1/25/10. The medical evaluation was not dated for resident #6.	3/10/11	The resident service director will ensure that all medical evaluations are completed within the mandated time. The Executive Director and Resident Service Director will monitor for continued compliance.	<i>[Signature]</i> 3/30/11
Western Region				

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Christine Cummins - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/30/11


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
144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	Approximately 40 cigarette butts were found on the hillside directly outside the second floor exit door, which is not the designated smoking area. 2 cigarette butts were found in a flower bed by the first floor exit door, which is not the designated smoking area.	3/25/11	The smoking policy will be reviewed with residents as well as employees and the designated smoking areas will be reviewed as well. The Executive Director and Maintenance Director will monitor for continued compliance.	
Western Region				


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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/30/11


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
183c Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Western Region	The Lantus for resident #7 was dated as opened on 2/4/11. The manufacturer's instructions state to discard after 28 days after opening.	3/10/11	Residents insulins will be checked daily and signed off on by charge person. The Executive Director and Resident Service Director will monitor for continued compliance.	<i>[Signature]</i> 3/30/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>		DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 3/30/11

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 medication administration record for resident #8 does not include the strength for Remvala. Western Region	3/14/11 4/30/11	The charge nurse will review PHAR's anytime a change occurs and sign off in resident's chart upon doing so. The Executive Director and Resident Service Director will monitor for continued compliance, at least monthly	 3/30/11



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


NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (Include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/30/11

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
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.	<p align="center">Western Region</p> <p align="center">03 25 2011</p>			

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284		
INSPECTION DATES (include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director				
SIGNATURE OF LEGAL ENTITY 		DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/30/11

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
187d The home shall follow the directions of the prescriber.	The medication administration record for resident #8 states that the resident is ordered "Hydrocodone 5/500mg-one pill every 8 hours, as needed. The medication label stated, "Hydrocodone 5/500mg-one pill every 4 hours, as needed."	3/11/11	The charge person will confirm that the doctor's orders match the medication label and is properly reflected in the MAR.	 3/30/11
Western Region MAR 25 2011		3/30/11	The Executive Director and Resident Service Director will monitor for continued compliance at least monthly.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 44284	
INSPECTION DATES (include all dates of the inspection) 03/09/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins - Executive Director			
SIGNATURE OF LEGAL ENTITY Christine Cummins	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature]	DATE 3/30/11

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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #0's support plan, dated 12/23/10, states that the resident is mobile. However, the medical evaluation, dated 12/21/10, lists the resident as having a mobility need.	3/11/11	The Resident Service Director will review each medical evaluation prior to completing the support plan on resident.	Steps have been taken to correct violation; full compliance is not verifiable 3/30/11 Date Initials (DPW)
Western Region		3/31/11	The Executive Director or her designee shall monitor for continued compliance.	
		4/30/11	A medical evaluation that indicates resident has a mobility need will be returned	

Adult Residential Licensing

to the physician for reconsideration if the home assesses the resident as mobile. Until the discrepancy is resolved, the more stringent mobility assessment will apply. 8/3/11