

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARDEN COURTS NORTH HILLS OF PITTSBURGH PA, LLC

LEGAL ENTITY

To operate ARDEN COURTS OF NORTH HILLS

NAME OF FACILITY OR AGENCY

Located at 1125 PERRY HIGHWAY, PITTSBURGH, PA 15237

(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 56

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 56

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 May 17, 2011 until May 17, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 435530

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

MAY 17 2011

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

Mr. Barry A. Lazarus, Vice President
Arden Courts North Hills PA, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of North Hills
1125 Perry Highway
Pittsburgh, Pennsylvania 15237

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on March 21, 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.

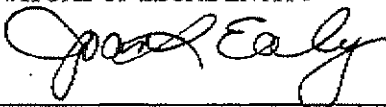
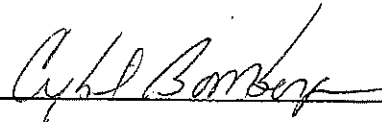
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal line extending to the right.

Ronald Melusky
Acting Director

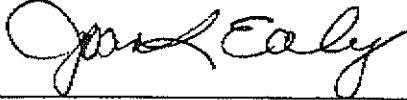
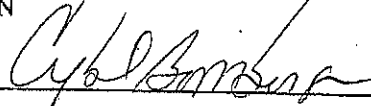
Enclosures
License
Violation Report


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

| | | | |
|---|-----------------|--|----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ARDEN COURTS OF NORTH HILLS, 1125 PERRY HIGHWAY PITTSBURGH, PA 15237 | | CURRENT LICENSE NUMBER 435530 | |
| INSPECTION DATES (Include all dates of the inspection) 03/21/2011 | | REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager | |
| 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 4/29/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 5/9/11 |

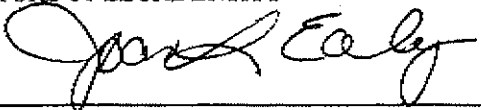

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE BY WHICH CORRECTION WILL BE COMPLETED | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|---|-----------|--|---|-----------------------------|
| regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable. | | | | <u>Contd</u> |

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|---|--|--|---|--|
| 102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom. | There is no soap dispenser available in any resident bathroom. | 4/28/11 | <p>All resident room bathrooms will have soap dispensers.</p> <p>Soap dispensers were received on 4/27/11 and placed in all resident rooms on 4/28/11. Housekeeping and nursing staff to round for soap dispensers in resident rest rooms during weekly rounds.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">5/9/11  Date Initials (DPW)</p> |

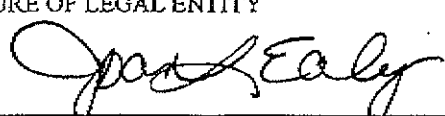

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| 132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. | The fire drill record for the drill conducted on 12/6/10 at 7:20 does not include am or pm. | 3/22/11 | <p>The BSC was in-serviced by the ED on the correct documentation of the fire drills, including am or pm on 3/22/11.</p> <p>The fire drill records will be reviewed monthly at the Safety Committee Meeting for completion of required information, including am or pm beginning 4/29/11.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date <u>5/9/11</u> Initials <u>LB</u> (DPW)</p> |

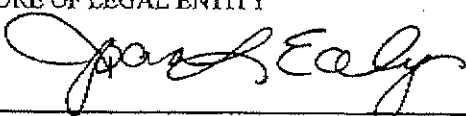
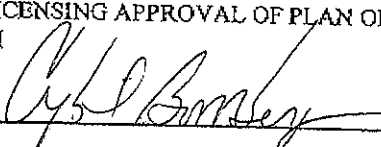
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| 187d The home shall follow the directions of the prescriber. | Resident #3 has an daily order for Fiber-Lax to be administered one tablet at 9:00am and 6:00pm. On 3/15/11, the medication was not available to be administed to Resident #3. | 3/30/11 | <p>The medication in question, Fiberlax, was not available for the 6pm dose on 3/15/11; it had already been ordered and it was delivered on 3/16/11.</p> <p>At the monthly med pass meeting on 3/30/11 regulation 187d regarding the home shall follow the direction of the prescriber was reviewed by the RSC. The nurses and medication techs were also reminded of the utilization of the medication pass toll to ensure availability of prescribed medications.</p> <p><i>The administrator or designee will conduct weekly medication audits to ensure that all prescribed medications are available for administration in the home.</i> 03/25/11</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>5/9/11 </p> <p>Date Initials (DPW)</p> |

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| 234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record. | Resident #1 was admitted to the SDCU on 12/11/10. The resident's initial support plan was developed on 12/2/10. Resident #2 was admitted to the SDCU on 1/31/11. The resident's initial support plan was developed on 1/28/11. | 3/22/11 | The ED and RSC were in-serviced regarding Regulation 234a regarding time requirements of the initial resident support plan on 3/22/11 by the Education and Development Specialist. The ED or designee will audit resident charts upon move-in for completion of regulation 234a, including time requirements of the initial support plan. | <p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verified.</p> <p style="font-size: small;">Date: 5/9/11 Initials: </p> |