

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN SENIOR CARE, INC.
LEGAL ENTITY

To operate SOUTHMINSTER PLACE
NAME OF FACILITY OR AGENCY

Located at 880 SOUTH MAIN STREET, WASHINGTON, PA 15301
(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 90
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

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 June 23, 2011 until June 23, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 415930

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.



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

ADULT RESIDENTIAL LICENSING

JUN 22 2011

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

Mr. Greg Malisky, Senior Director
Presbyterian Senior Care, Inc.
Southminster Place
880 South Main Street
Washington, Pennsylvania 15301

Dear Mr. Malisky:

As a result of the Department of Public Welfare's licensing inspection on April 11, 2011 and April 12, 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'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

No. 1665 P. 2

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 830 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (Include all dates of the inspection) 04/11/2011, 4/10/2011		REGIONAL REPRESENTATIVE Michael Marini, Jan Cutter, Kathy Kruppa, Michael Marini	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>GLENN DELICH, EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 4/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> (JJP)	DATE 6-10-11

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	There was an enabler on resident 1's bed. The enabler had an 11 inch gap, with no protective cover, which was large enough to entrap the resident.	4-11-11	A PROTECTIVE COVER WAS PLACED OVER THE ENABLER ON 4/11/11. THE ENABLER WILL BE CHECKED AT EVERY SHIFT DAILY TO BE CERTAIN IT IS PRESENT. RESPONSIBLE PARTY GLENN DELICH ADMINISTRATOR.	6-10-11 JJP
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	According to the fire drill log, the home failed to evacuate all residents during fire drills on 3/3/11 and 4/1/11. Western Region	4-11-11	ALL RESIDENTS, INCLUDING HOSPICE RESIDENTS SHALL BE EVACUATED TO THE APPROPRIATE FIRE-SAFE AREA AS DIRECTED BY THE FIRE CHIEF IN LESS THAN 4 MINUTES. ALL HOSPICE RESIDENTS SHALL HAVE AN EVACUATION PLAN SPECIFIC TO THEIR NEEDS. RESPONSIBLE PARTY GLENN DELICH ADMINISTRATOR STAFF TRAINING PROVIDED.	Steps have been taken to correct violation; full compliance is not verifiable 6-10-11 Date Initials (DPW)

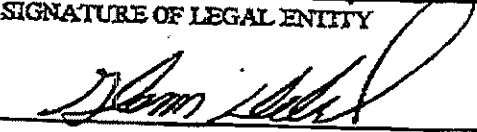
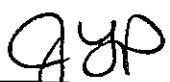
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2500

No. 1665 P. 3

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (include all dates of the inspection) 04/11/2011, 4/12/2011		REGIONAL REPRESENTATIVE Michael Marini, Jan Cutter, Kathy Kruppa, Michael Marini	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>GLENN DELUCA, EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 6/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 6-10-11

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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																																																																	
	<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/18/2011</td><td>01:40 PM</td><td>3:30</td><td>Yes</td></tr> <tr><td>Feb</td><td>02/13/2011</td><td>02:45 PM</td><td>3:49</td><td>No</td></tr> <tr><td>Mar</td><td>03/03/2011</td><td>09:40 PM</td><td>3:54</td><td>No</td></tr> <tr><td>Apr</td><td>04/01/2011</td><td>01:30 PM</td><td>3:30</td><td>No</td></tr> <tr><td>May</td><td>05/28/2010</td><td>02:30 PM</td><td>3:28</td><td>No</td></tr> <tr><td>Jun</td><td>06/04/2010</td><td>10:00 AM</td><td>3:58</td><td>No</td></tr> <tr><td>Jul</td><td>07/28/2010</td><td>03:00 PM</td><td>3:46</td><td>No</td></tr> <tr><td>Aug</td><td>08/25/2010</td><td>10:30 AM</td><td>3:56</td><td>No</td></tr> <tr><td>Sep</td><td>09/23/2010</td><td>09:30 AM</td><td>3:21</td><td>No</td></tr> <tr><td>Oct</td><td>10/22/2010</td><td>01:30 PM</td><td>3:47</td><td>No</td></tr> <tr><td>Nov</td><td>11/21/2010</td><td>10:36 PM</td><td>3:58</td><td>No</td></tr> <tr><td>Dec</td><td>12/20/2010</td><td>01:00 PM</td><td>3:32</td><td>No</td></tr> </tbody> </table> <p align="center" style="font-size: large; margin-top: 20px;">Western Region</p> <p align="center">JUN 9 2011</p>	Month	Date	Time	Evac. Time	FSE	Jan	01/18/2011	01:40 PM	3:30	Yes	Feb	02/13/2011	02:45 PM	3:49	No	Mar	03/03/2011	09:40 PM	3:54	No	Apr	04/01/2011	01:30 PM	3:30	No	May	05/28/2010	02:30 PM	3:28	No	Jun	06/04/2010	10:00 AM	3:58	No	Jul	07/28/2010	03:00 PM	3:46	No	Aug	08/25/2010	10:30 AM	3:56	No	Sep	09/23/2010	09:30 AM	3:21	No	Oct	10/22/2010	01:30 PM	3:47	No	Nov	11/21/2010	10:36 PM	3:58	No	Dec	12/20/2010	01:00 PM	3:32	No			
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 1665 P. 4

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 880 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930	
INSPECTION DATES (include all dates of the inspection) 04/11/2011, 4/12/2011		REGIONAL REPRESENTATIVE Michael Marini, Jan Cutter, Kathy Kruppe, Michael Marini	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>GLENN DELKAT, EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE <i>6/9/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6-10-11</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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident 2 was released from the hospital on 5/26/10 with "extreme" depression. Depression was a new diagnosis but the home failed to get a new medical evaluation.	4-19-11	ON 4/19/11 A NEW MEDICAL EVALUATION WAS COMPLETED THAT INCLUDED THE DIAGNOSIS OF DEPRESSION. GLENN DELKAT, ADMINISTRATOR RESPONSIBLE. STAFF TRAINING PROVIDED REGARDING THE REQUIREMENT TO COMPLETE A NEW MEDICAL EVALUATION WHEN THE RESIDENT HAS A CHANGE IN CONDITION.	6-10-11 <i>[Signature]</i>
	Western Region JUN 9 2011	7-20-11	The administrator or designee staff person will review all residents' medical evaluations to ensure they are current 6-10-11 <i>[Signature]</i>	


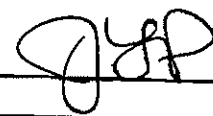
Adult Residential Licensing

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

No. 1665 P. 5

NAME AND ADDRESS OF PERSONAL CARE HOME SOUTHMINSTER PLACE, 889 SOUTH MAIN STREET WASHINGTON, PA 15301		CURRENT LICENSE NUMBER 415930		
INSPECTION DATES (include all dates of the inspection) 04/11/2011, 4/12/2011		REGIONAL REPRESENTATIVE Michael Marini, Jan Cutter, Kathy Kruppa, Michael Marini		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) GLENN DELICH, EXECUTIVE DIRECTOR				
SIGNATURE OF LEGAL ENTITY 		DATE 4/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-10-11

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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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident 2 was released from the hospital on 5/26/10 with "extreme" depression. Depression was a new diagnosis but the home failed to complete a reassessment of the resident. Western Region JUN 9 2011 Adult Residential Licensing	4-19-11 7-20-11	ON 4/19/11 A NEW REASSESSMENT WAS COMPLETED THAT INCLUDED THE DIAGNOSIS OF DEPRESSION. GLENN DELICH, ADMINISTRATOR RESPONSIBLE STAFF TRAINING PROVIDED REGARDING THE REQUIREMENTS TO COMPLETE A NEW REASSESSMENT WHEN THE RESIDENT HAS A CHANGE IN CONDITION. The administrator a designated staff person was review all resident's assessments and medical evaluations to ensure all information is current. 6-10-11 JJP	6-10-11 JJP

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