



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: **AUG 19 2011**

Mr. William Vistas, Administrator
Pleasant Ridge Mature Living, LLC
369 Bethel Road
North Huntingdon, Pennsylvania 15642

RE: Pleasant Ridge Mature Living
981 Pleasant Hill Road
Leechburg, Pennsylvania 15656

Dear Mr. Vistas,

As a result of the Department of Public Welfare's licensing inspection on May 18, 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.



Sincerely,

A handwritten signature in cursive script that reads "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

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



NAME AND ADDRESS OF PERSONAL CARE HOME PLEASANT RIDGE MATURE LIVING, 981 PLEASANT HILL ROAD LEECHBURG, PA 15656		CURRENT LICENSE NUMBER 42940	
INSPECTION DATES (Include all dates of the inspection) 05/18/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 6-30-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/18/11


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																																													
132c A fire drill shall be held during sleeping hours once every 6 months.	A sleeping hours fire drill is not held once every 6 month. The last drill conducted during sleeping hours was on 1/4/10. <table 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>01/31/2011</td> <td>08:45 AM</td> <td>3 min 9 sec</td> <td>No</td> </tr> <tr> <td>Feb</td> <td>02/02/2011</td> <td>10:00 AM</td> <td>3 min 1 sec</td> <td>No</td> </tr> <tr> <td>Mar</td> <td>03/18/2011</td> <td>02:30 PM</td> <td>3 min</td> <td>No</td> </tr> <tr> <td>Apr</td> <td>04/22/2011</td> <td>11:00 AM</td> <td>3 min 4 sec</td> <td>No</td> </tr> <tr> <td>Sep</td> <td>09/11/2010</td> <td>10:05 AM</td> <td>3 min 1 sec</td> <td>No</td> </tr> <tr> <td>Oct</td> <td>10/11/2010</td> <td>02:30 PM</td> <td>3 min</td> <td>No</td> </tr> <tr> <td>Nov</td> <td>11/09/2010</td> <td>07:25 PM</td> <td>3 min 1 sec</td> <td>No</td> </tr> <tr> <td>Dec</td> <td>12/20/2010</td> <td>03:00 PM</td> <td>3 min 1 sec</td> <td>No</td> </tr> </tbody> </table>	<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>	Jan	01/31/2011	08:45 AM	3 min 9 sec	No	Feb	02/02/2011	10:00 AM	3 min 1 sec	No	Mar	03/18/2011	02:30 PM	3 min	No	Apr	04/22/2011	11:00 AM	3 min 4 sec	No	Sep	09/11/2010	10:05 AM	3 min 1 sec	No	Oct	10/11/2010	02:30 PM	3 min	No	Nov	11/09/2010	07:25 PM	3 min 1 sec	No	Dec	12/20/2010	03:00 PM	3 min 1 sec	No	7-15-11	A fire drill is scheduled with the local fire safety expert for an annual observation. A drill will be conducted during sleeping hours. Drills during sleeping hours shall be conducted in six ^{two} month intervals to ensure compliance with DPW regulations. They will be monitored in the Quality Assurance review, quarterly, by the facility Administrator. The facility Administrator will undergo classes for fire safety and DPW requirements. Documentation of this shall be kept.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>8/18/11</u> Initials _____ DPW _____
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Western Region

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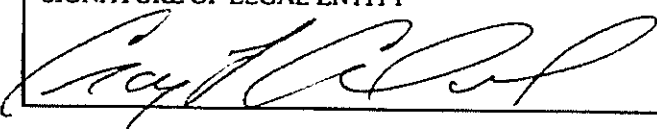

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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home has not conducted a fire drill with the minimum number of staffing on the night shift. The home's staffing schedule indicates the home routinely schedules 4 staff persons for the night shift (10pm-6:30am).	7-15-11	A fire drill is scheduled with the local fire safety expert for an annual observation. A drill will be conducted during sleeping hours. Drills during sleeping hours shall be conducted in four month intervals to ensure compliance with DPW regulations. They will be monitored in the Quality Assurance review, quarterly, by the facility Administrator. The facility Administrator will undergo classes for fire safety and DPW requirements. Documentation of this shall be kept.	

Western Region



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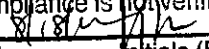
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1, dated 2/10/11, does not include a mobility assessment. The medical evaluation for resident #1, dated 11/10/10, does not include immunization and allergies history. Western Region Jul 1 2011	7-5-11	The Directors of Resident Care will undergo off site training to ensure compliance of all assessments, support plans, and medical evaluations. The RN consultant will conduct these classes and re-educate the Directors of Resident Care on how to correctly complete documentation required by the Department of Public Welfare. The RN consultant will continue to monitor the Directors of Resident Care until they can correctly and accurately complete the information required by DPW. The RN Consultant will assist the administrator for a period of six months of reviews. Quarterly checks of all support plans, assessments, and medical evaluations will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.	 8/18/11

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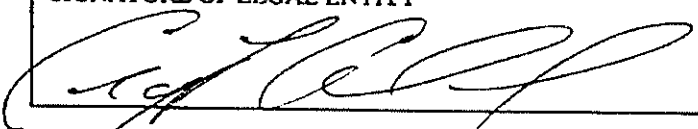

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1's most recent assessment was completed on 8/14/09. Resident #3's most recent assessment was completed on 5/8/08. Resident #4's most recent assessment was completed on 5/12/10. The home indicates resident #4 is immobile due to mental confusion and requires assistance with evacuations. The most recent assessment, dated 5/12/10, does not address this need.	6-30-11	Due to filing and recordkeeping issues, requested information was not able to be produced at the time of the inspection. A consultant has been hired to implement and address all required recordkeeping according to Department of Public Welfare standards. The consultant has implemented a filing system and is conducting education with the administrator and selected staff. Documentation of these classes shall be kept on file. The consultant will be retained for a period of six months to ensure compliance according to the regulation or until ongoing compliance is met.	8/18/11  Date Initials (DPW)

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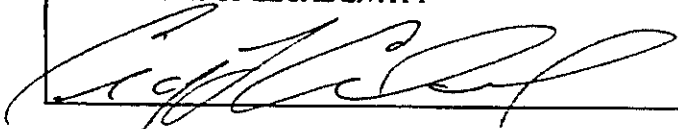

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #1's most recent support plan was completed on 4/27/10. Resident #3's most recent support plan was completed on 5/8/09 Resident #4's most recent support plan was completed on 5/12/10.	6-30-11	Due to filing and recordkeeping issues, requested information was not able to be produced at the time of the inspection. A consultant has been hired to implement and address all required recordkeeping according to Department of Public Welfare standards. The consultant has implemented a filing system and is conducting education with the administrator and selected staff. Documentation of these classes shall be kept on file. The consultant will be retained for a period of six months to ensure compliance according to the regulation or until ongoing compliance is met.	Steps have been taken to correct violation, full compliance is not verifiable  Date _____ Initials (DPW) _____

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>The assessment for resident #2, dated 11/17/10, indicates the resident requires assistance in evacuating due to mental confusion. The support plan, dated 12/1/10, does not address this need.</p> <p>The home indicates that resident #4 is immobile due to mental confusion and requires assistance in evacuations. The support plan, dated 5/12/10, does not address this need.</p> <p>The assessment for resident #5, dated 8/11/10, indicates the resident requires assistance in evacuating due to mental confusion. The support plan, dated 8/11/10, does not address this need.</p> <p align="center">Western Region</p> <p align="center">2011</p>	7-5-11	<p>The Directors of Resident Care will undergo off site training to ensure compliance of all assessments, support plans, and medical evaluations. The RN consultant will conduct these classes and re-educate the Directors of Resident Care on how to correctly complete documentation required by the Department of Public Welfare. The RN consultant will continue to monitor the Directors of Resident Care until they can correctly and accurately complete the information required by DPW. The RN Consultant will assist the administrator for a period of six months of reviews. Quarterly checks of all support plans, assessments, and medical evaluations will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/18/11 Date  Initials (DPW)</p>