

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PARAMOUNT HEALTH RESOURCES, LLC
LEGAL ENTITY

To operate PARAMOUNT SENIOR LIVING AT SOUTH HILLS
NAME OF FACILITY OR AGENCY

Located at 100 KNOEDLER ROAD, 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 125
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 25

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 July 15, 2011 until July 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433410

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

JUL 13 2011

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

Ms. Janet C. Stockhausen, RN, Vice President of Operations
Paramount Health Resources, LLC
Paramount Senior Living at South Hills
100 Knoedler Road
Pittsburgh, Pennsylvania 15236

Dear Ms. Stockhausen:

As a result of the Department of Public Welfare's licensing inspection on May 19, 2011 and May 20, 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 stroke 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 PARAMOUNT SENIOR LIVING AT SOUTH HILLS, 100 KNOEDLER ROAD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 433410	
INSPECTION DATES (Include all dates of the inspection) 05/19/2011, 5/30/2011		REGIONAL REPRESENTATIVE Alden Linhart, Maria Stepanovich, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>GREGORY GRAMM EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 7/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-8-11


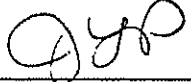
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132c A written fire drill record shall include the date, time, the 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 drills conducted on 9/30/2010, 10/16/2010, 11/20/2010, 12/29/2010, 1/31/2011, 2/25/2011, 3/16/2011 and 4/15/2011 do not include exact evacuation times in minutes and seconds. Western Region JUL 5 2011 Adult Residential Licensing	7/5/11 <i>AND ongoing</i>	Maintenance Director has been inserviced on Regulation 132C and will record exact times in minutes and seconds, effective immediately. Inservice conducted by Executive Director on July 5, 2011 <i>Firedrills conducted 4/15/11, 5/31/11, and 6/30/11 show minutes and seconds required for evacuation. 7-8-11</i> <i>JGP</i>	7-8-11 <i>JGP</i>

07/05/2011 TUE 12:05 FAX 412 650 3105 1st floor fax

07/05/2011 TUE 12:05 FAX 412 650 3105 1st floor fax

07/05/2011 TUE 12:06 FAX 412 650 3105 1st floor fax

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

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Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 7/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 7-8-11

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.	The same exits were used during the fire drills on 8/20/2010, 9/30/2010, 10/16/2010, 11/20/2010, 12/29/2010, 1/31/2011, 2/25/2011, 3/16/2011 and 4/15/2011. <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>01/31/2011</td><td>01:37 AM</td><td>2.00 minutes</td><td>No</td></tr> <tr><td>Feb</td><td>02/25/2011</td><td>10:30 AM</td><td>4.00 minutes</td><td>No</td></tr> <tr><td>Mar</td><td>03/16/</td><td>02:03 PM</td><td>3.00 minutes</td><td>Yes</td></tr> <tr><td>Apr</td><td>04/15/2011</td><td>05:55 AM</td><td>4.25 minutes</td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td>09/30/2010</td><td>03:20 AM</td><td>2.00 minutes</td><td>No</td></tr> <tr><td>Oct</td><td>10/16/2010</td><td>05:27 PM</td><td>4.00 minutes</td><td>No</td></tr> <tr><td>Nov</td><td>11/20/2010</td><td>10:20 AM</td><td>3.00 minutes</td><td>No</td></tr> <tr><td>Dec</td><td>12/29/2010</td><td>04:02 PM</td><td>4.00 minutes</td><td>No</td></tr> </tbody> </table> <p>Western Region</p>	Mont	Date	Time	Evac. Time	FSE	Jan	01/31/2011	01:37 AM	2.00 minutes	No	Feb	02/25/2011	10:30 AM	4.00 minutes	No	Mar	03/16/	02:03 PM	3.00 minutes	Yes	Apr	04/15/2011	05:55 AM	4.25 minutes	No	May				No	Jun				No	Jul				No	Aug				No	Sep	09/30/2010	03:20 AM	2.00 minutes	No	Oct	10/16/2010	05:27 PM	4.00 minutes	No	Nov	11/20/2010	10:20 AM	3.00 minutes	No	Dec	12/29/2010	04:02 PM	4.00 minutes	No	- 7/5/11 AOD ongoing	Maintenance Director has been inserviced on Regulation 132F and will document different usage of exits during fire drills, effective immediately and on going. Inservice conducted by Executive Director on July 5, 2011	<i>[Vertical stamp: Compliance is not verifiable]</i>
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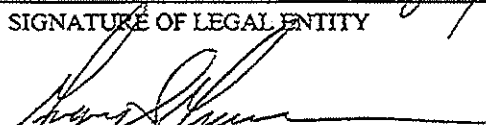

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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical 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 1/30/2011, does not include dietary information. Western Region JUL 5 2011 Adult Residential Licensing	-7/5/11 Aldo ongoing	Medical evaluation in violation was reviewed with completing MD. He denoted on form that resident did not need a special diet by check marking "no special diet" box. See attached. Director of Nursing will review each Medical Evaluation for each resident to ensure completion of all sections by physician for each new admission, annual update and significant change.	7-8-11 <i>[Signature]</i>

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<p style="text-align: center;">Western Region</p>			