

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION

To operate REFORMED PRESBYTERIAN HOME

Located at 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214

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

The total number of persons which may be cared for at one time may not exceed 56  
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 August 26, 2011 until August 26, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **429660**

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

AUG 31 2011

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

Ms. Margaret E. Hemphill, Administrator  
Reformed Presbyterian Women's Association  
Reformed Presbyterian Home  
2344 Perrysville Avenue  
Pittsburgh, Pennsylvania 15214

Dear Ms. Hemphill:

As a result of the Department of Public Welfare's licensing inspection on June 17, 2011 and June 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'.


Ronald Melusky  
Acting Director


Enclosures  
License  
Violation Report

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Margaret E. Hemphill R.N., NHA. - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Margaret E. Hemphill</i>	DATE <i>07/29/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/8/11</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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for Resident #1 was not signed by the resident.  <i>Western Region</i>  <i>AUG 1 2011</i>  <i>Adult Residential Licensing</i>	08/31/2011	Resident #1 has signed the contract.  All resident contracts shall be signed by Administrator/Designee, resident and payer if different from the resident, and co-signed by the resident's designated person if any if the resident agrees.  All current contracts shall be signed by the resident by August 31, 2011. Audit documenting resident signatures shall be developed and implemented by the Director of Resident Care Services.  All future contracts will include all required signatures. Checklist indicating date and type of signatures obtained shall be completed by Director/designee and results reported at the quarterly QA meeting.  All staff will be informed of deficiency and plan of correction at staff meeting on July 29, 2011.	<i>[Signature]</i> <i>8/8/11</i>

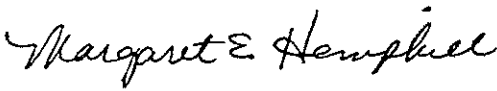

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

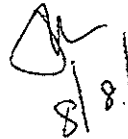
NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E. Hempill</i>	DATE <i>07/29/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>8/8/11</i>


REGULATION	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
55 Pa.Code §2600  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.	According to staff person A, support plans are not attached to any of the resident's contracts.  <p style="text-align: center; font-size: 1.2em;">Western region</p> <p style="text-align: center; font-size: 1.2em;">AUG 1 2011</p> <p style="text-align: center; font-size: 1.2em;">Adult Residential Licensing</p>	08/15/2011	By August 15, 2011 the Director of Resident Care Services/designee shall attach a copy of the current support plan to each resident contract.  All new contracts signed until December 31, 2011, shall be audited by the Administrator and results of the audit reported at the quarterly QA Committee meeting.  Staff shall be informed of deficiency and plan of correction at a staff meeting on July 29, 2011.	 <i>8/8/11</i>


NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYSVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E. Hemphill</i>	DATE 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JK</i>	DATE 8/8/11


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
25c4 (4) The party responsible for payment.	Resident contracts do not specify who is responsible for payment.  <b>Western Region</b>  AUG 1 2011  Adult Residential Licensing	08/31/2011	<p>A signature line designated "Responsible Payee" shall be added to the Personal Care Agreement.</p> <p>An addendum indicating who the Responsible Payee is for each current resident shall be added to the contract by August 31, 2011. Director/designee shall obtain needed signatures by sending a letter to all responsible payees with the addendum included asking for its return by August 31, 2011.</p> <p>All current and future contracts shall be audited by the Administrator for responsible payee signature until December 31, 2011. Results of audit shall be reported at the quarterly QA meeting.</p> <p>All staff will be informed of this deficiency and the plan of correction on July 29, 2011.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>8/8/11</i> <i>JK</i> Date Initials (DPW)</p>

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYSVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11

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
57a At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.	On Saturdays and Sundays the home schedules only one staff person per shift. The staff person takes two, ten-minute breaks during their shift. There is no staff physically present in the home during these time periods. Staff working in the skilled nursing facility listen for resident call bells.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center; font-size: 1.2em;">AUG 1 2011</p> <p style="text-align: center; font-size: 1.2em;">Adult Residential Licensing</p>	07/29/2011	At times when only one person is scheduled to work on the personal care unit (while meeting the requirement of 1hour/mobile resident/day), the employee shall carry a portable radio receiver/transmitter. The PCBH is equipped with two (2) separate alarm systems; a wall mounted emergency call bell and a personal pendant system, which are monitored both on the PC unit and also one (1) floor above on the nursing unit. The nursing unit is equipped with a wall mounted radio system allowing communication with all staff carrying radios.  PC staff will notify the nursing department when he/she leaves the facility for a smoke break in the smoker's pavilion which is within 25 feet of the building or any break taken inside the staff lounge at the end of the east hall of the PC unit. If an alarm is activated in the PC Unit the ward clerk/charge nurse on the nursing unit will page the PC staff person carrying the radio with the room number of the activated alarm. PC staff carrying the radio will immediately respond.  Any situation requiring a staff person to return to the unit promptly in response to radio notification shall be documented on a form indicating time, date, resident's name, reason for emergency system activation and outcome of intervention.  The Director of Resident Care Services will monitor all documentation of such instances and report outcomes to the QA Committee at the quarterly meetings until 12/31/2011.  All staff will be made aware of deficiency and POC at a staff meeting on July 29, 2011.	 8/8/11

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E. Hemphill</i>	DATE 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11

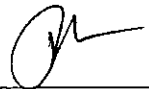
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person B, whose first day of work was 1/17/11, did not receive orientation in evacuation procedures, staff duties and responsibilities during emergency evacuation and transportation and the designated meeting place outside the building or within the fire-safe area in the event of an actual fire.  Western Region  AUG 1 2011  Adult Residential Licensing	07/29/2011	Staff person B's orientation record was given to the surveyor on 06/21/11 by the Director of Food and Nutrition Services which documents that the Review of fire safety and disaster procedures was done on the first day of her employment 01/17/2011. Please see a copy of the orientation sheet and a copy of the Fire/Explosion Response Policy and Procedure that all staff reviews on their first day of employment.	 8/8/11


NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYSVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E Hemphill</i>	DATE 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11


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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Western Region  AUG  Adult Residential Licensing			

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


Page 7 of 21


NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYSVILLE A VENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E Hemphill</i>	DATE 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/2/11

REGULATION	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
55 Pa.Code §2600	82a Poisonous materials shall be stored in their original, labeled containers.  According to staff person C, the blue liquid contained in a plastic bottle labeled in marker with a staff person's first name, located on a cleaning cart is Floor Star light Duty Cleaner. The original product label indicates "For medical information call: 1800-328-0026."  Observed on 6/21/11.	08/04/2011	All environmental services cleaning chemicals on cleaning carts are properly labeled as of July 1, 2011.  EVS staff has been counseled to check their chemical labels daily for one week, weekly for three weeks, and monthly for three months to insure that they are properly labeled. The results of the audit sheet will be reported to the quarterly QA committee meeting.  All housekeeping staff will be reminded about the importance of properly labeled chemicals at a staff meeting on August 4, 2011.	 8/2/11
<p style="font-size: 24px; font-weight: bold;">Western Region</p> <p style="font-size: 24px; font-weight: bold;">AUG 1 2011</p> <p style="font-size: 24px; font-weight: bold;">Adult Residential Licensing</p>				

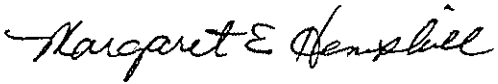

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Marquet E. Hemphill</i>	DATE 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11

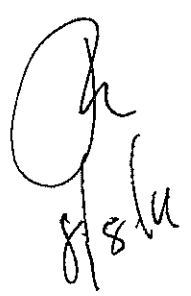
REGULATION	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>The following items were unlocked and accessible to residents in main laundry room:</p> <ul style="list-style-type: none"> <li>• A bottle of Clothesline Fresh Alkaline Spotter, with a manufacturer's label indicating "Get medical attention. Do not give anything by mouth."</li> <li>• A bottle of Airx 75 Antibacterial Heavy Duty Cleaner and Odor Counteractant, with a manufacturer's label indicating "Call Poison Control or a doctor immediately."</li> </ul> <p>Some of the residents have been assessed to be safe around toiletries and designated poisonous materials, but not other poisonous materials.</p> <p>Observed on 6/21/11</p> <p>Repeated Violations: 07/23/2011</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">AUG 1 2011</p>	08/04/2011	<p>Items in the main laundry that are considered poisonous will be stored in a cabinet that will be locked when staff is not present. The cabinet was ordered on July 26, 2011.</p> <p>All personal care residents have been assessed/re-assessed by charge LPN for ability to handle products considered poisonous or hazardous in some manner. Assessment records were placed in each resident's medical record.</p> <p>Laundry staff will be responsible to lock cabinet and document the date and who checked it, daily x'a one week, weekly x's three weeks and monthly x's three months. Director of Environmental Services will report results of audit at the quarterly QA committee meeting.</p> <p>Environmental Services staff will be informed of deficiency and plan of correction at a staff meeting on August 4, 2011.</p> <p>Personal Care staff will be informed of deficiency and plan of correction at staff meeting on July 29, 2011.</p>	<p style="text-align: center; font-weight: bold;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">8/8/11 <i>DPW</i></p> <p style="text-align: center;">Date Initials (DPW)</p>

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYSVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E. Hampshire</i>	DATE 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11


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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone in Room #204 and the telephone in Room #205 do not have emergency service Numbers posted nearby.  Observed on 6/21/11  <b>Western Region</b>  AUG  Adult Residential Licensing	07/29/2011	It is our current practice to provide all residents with laminated cards containing emergency numbers on the day of admission. Resident rooms are checked quarterly for cards and if not found new cards are provided.  Immediately following the surveyors exit on 06/21/2011, The Director of Resident Services went to rooms 204 and 205 and found the laminated cards with phone numbers on the bedside stand (204) and in the top drawer (205) of the bedside stand.  We will continue our current process for providing emergency numbers to residents. To insure that process is being done, designated staff will increase checks for these numbers to daily for one week, weekly for three weeks, and then continue our monthly checks. The Director will report the results of the audit at the quarterly QA committee meeting.  Staff will be informed of the deficiency and POC at a staff meeting on July 29, 2011	 8/8/11


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

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE A VENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11



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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed in Room #205 does not have a source of light that can be turned on/off from bedside.  Observed on 6/21/11.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">AUG</p> <p style="text-align: center;">Adult Residential Licensing</p>	07/29/2011	Upon checking room #205, the Director of Resident Care Services found a lamp on the bedside stand. She moved the stand six inches closer to the bed so that it is more readily accessible.  On admission, all residents are provided with an operable lamp turned off/on at the bedside if he/she does not choose to provide his/her own lamp.  All rooms were checked and found to have bedside lamps. An audit will be performed and documented monthly to ensure that lamps are within reach and working properly until 12/31/2011. Director will report results of the audit at the quarterly QA committee meeting.  Staff will be informed about deficiency and plan of correction at staff meeting on July 29, 2011	

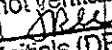
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE A VENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E. Henshell</i>	DATE <i>07/29/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>8/8/11</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
103g Food shall be stored in closed or sealed containers.	A bag of hamburgers, a bag of hot dogs and a box of gyro meat were opened and unsealed in the walk-in kitchen freezer.  Observed on 6/21/11.	08/18/2011	All open food shall be placed in gallon plastic storage bags before being placed into the freezer. All food will be labeled and dated. Staff will be informed about the deficiency and POC at a staff meeting on August 18, 2011.  The RP Home Kitchen Inspection checklist will be utilized weekly for four weeks and monthly until 12/31/2011, by designated staff to verify that food is stored in closed/sealed containers. The Director of Food and Nutrition Services will report the results of the audit at the quarterly QA committee meeting until December 31, 2011	 <i>8/8/11</i>
	Western Region  A35  Adult Residential Licensing			

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

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYSVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11

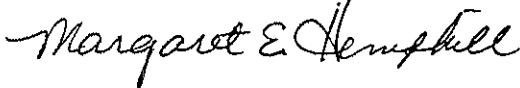

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 6/21/11, there was an accumulation of lint in the lint traps of the two commercial dryers, and handfuls of lint in the bottom of these same dryers in the main laundry room.	08/04/2011	At a staff meeting on August 4, 2011, laundry staff will be reminded to clean the lint traps of the two commercial dryers after each use. A sign off sheet will be implemented to insure staff complies and will be monitored by the Director of Environmental Services daily for one week, weekly for three weeks and monthly until December 31, 2011. A report of the audit will be given at the quarterly QA meeting by the Director.	<p style="text-align: right; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right; margin: 0;">8/8/11 </p> <p style="text-align: right; margin: 0;">Date Initials (DPW)</p>
	<p>Western Region</p> <p>473</p> <p>Adult Residential License</p>			




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

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E. Hempill</i>	DATE <i>07/29/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/8/11</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
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #3's initial medical evaluation was completed on 5/18/09. The resident's next annual medical evaluation was not completed until 11/1/10.  <p style="text-align: center;">Western Region</p> <p style="text-align: center;">ALB</p> <p style="text-align: center;">Adult Residential Licensing</p>	07/29/2011  <i>8/31/11</i>	As per facility policy, physicians will be strongly encouraged and reminded to perform annual medical evaluations in a timely manner. Reminders will be documented and reported at the quarterly QA Committee meeting which includes the Medical Director. Physicians who do not comply will receive a warning letter asking for compliance from the Medical Director.  <i>The home shall assist residents with making timely appointments for completion of annual medical evaluation.</i>	<i>[Signature]</i>  <i>8/8/11</i>

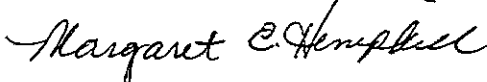
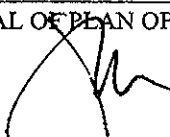
NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (include all dates of the inspection) 06/17/2011, 06/21/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11

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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #3 had surgery and returned to the home on 2/15/11. A new medical evaluation has not been completed to reflect this significant change in condition.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">LIC</p> <p style="text-align: center;">Adult Residential Licensing</p>	07/29/2011	All residents who experience a significant change in condition will receive a new medical evaluation from his/her attending physician. The charge LPN will notify the physician of the need for a new evaluation and document the date and time that the physician was notified. The Director of Resident Care Services/designee shall document each new resident evaluation due to a change in condition until 12/31/2011, and report the frequency for the need of such an evaluation at the quarterly QA meeting until December 31, 2011.  All staff will be informed of deficiency and POC at a staff meeting on July 29, 2011.	





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

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE A VENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/20/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11


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
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.	Western Region  AUG 1 2011		Staff signatures at meeting will verify receipt of information.	

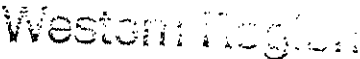
NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/20/2011		REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Susan Pollock, Lisa V. Flinger-Alman, Susan Pollock	
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 <i>Margaret E. Hemphill</i>	DATE 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/8/11

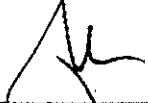
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<p>The medical evaluation for Resident #3, completed 11/1/10, indicates the resident has diagnoses of coronary artery disease, status post pacemaker and status post hip open reduction internal fixation. However, these diagnoses are not indicated on the assessment, completed 6/6/11.</p> <p>The medical evaluation for Resident #8, completed 12/9/10, indicates the resident has diagnoses of hypertension and Parkinson's disease. However, these diagnoses are not indicated on the assessment, completed 12/14/10.</p> <p>Repeated Violations: 07/23/2010</p> <p><i>WESTERN MOUNTAIN</i></p> <p>AUG 1 2011</p>	08/31/2011	<p>All missed diagnoses were added to medical evaluations for Resident #3 and Resident #8 on 06/22/2011.</p> <p>All medical evaluations will be reviewed by designated staff to ensure that all diagnoses are documented by 08/31/2011.</p> <p>The staff will be educated regarding importance of diagnoses documentation on medical evaluations on 07/29/2011 by the Director of Resident Care Services.</p> <p>Future medical evaluations will be audited for complete listing of diagnoses as each is completed.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date <i>8/8/11</i> Initials (DPW) <i>[Signature]</i></p>

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/20/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E. Humphreys</i>	DATE 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 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
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.	On 2/15/11, Resident #3 returned to the home following surgery. The home has not completed a new assessment for this significant change in condition.    AUG 1 2011  Adult Residential Licensing	07/29/2011	A new assessment was completed for Resident #3 on 06/22/2011.  Staff will be reeducated about the importance of a new assessment with each significant change in condition prior to the annual assessment at the staff meeting on July 29, 2011.  Charge LPN will be reminded by Director of Resident Care Services of need for assessment with each significant change experienced by any resident. A list of residents who are impacted by significant changes will be maintained by the Director and the number and fact of assessments completed reported at the quarterly QA meeting.	

NAME AND ADDRESS OF PERSONAL CARE HOME REFORMED PRESBYTERIAN HOME, 2344 PERRYVILLE AVENUE PITTSBURGH, PA 15214		CURRENT LICENSE NUMBER 429660	
INSPECTION DATES (Include all dates of the inspection) 06/17/2011, 06/20/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Susan Pollock, Lisa V. Flinner-Alman, Susan Pollock	
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 <i>Margaret E. Hampshire</i>	DATE 07/29/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/8/11

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
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The support plan for Resident #2, completed 5/5/11, was not signed by the staff person who completed the plan.	07/29/2011	The Support Plan for Resident #2 was signed by the staff person who completed it on 06/22/2011.  The Director will develop and implement a check list with all documentation components needed on the Support Plan listed. All documentation will be checked by an additional staff person to insure no components of documentation are missed. Education of staff will occur on July 29, 2011. A review of the check list will be done with completion of each Support Plan and results will be reported by the Director at the quarterly QA meeting.	