

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PLEASANT RIDGE MATURE LIVING, LLC

LEGAL ENTITY

To operate PLEASANT RIDGE MATURE LIVING

NAME OF FACILITY OR AGENCY

Located at 981 PLEASANT HILL ROAD, LEECHBURG, PA 15656

(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 75
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 September 9, 2011 until September 9, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429400

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

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

SEP 27 2011

Mr. William Vitsas, 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. Vitsas:

As a result of the Department of Public Welfare's licensing inspection on August 4, 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 be 'R Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME PLEASANT RIDGE MATURE LIVING, 931 PLEASANT HILL ROAD LEECHBURG, PA 15656		CURRENT LICENSE NUMBER 429400	
INSPECTION DATES (include all dates of the inspection) 08/04/2011		REGIONAL REPRESENTATIVE Dennis Ropon, Jan Carter	
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>W. J. S. M.</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan D. K... (signature)</i>	DATE 9-5-11

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
64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	Staff person A, the home's administrator, did not complete any of the required 24 hours of annual training in the 2010 training year.	8-31-11	The administrator did not complete the required training for 2010 due to illness. Staff person A did complete 2011 training and is enrolled to complete additional training to fulfill required hours. Staff person A will maintain the required training hours annually.	
	Western Region AUG 31 2011 Adult Residential Licensing	9-5-11 9-5-11	The administrator completed the 24 hours of required administrator training. 9-5-11 The administrator will monitor the completion of Administrator annual training through the quality management system to ensure the administrator completes at least 24 hours of annual training approved by the Department. 9-5-11	9-5-11 <i>(signature)</i>

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

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INSPECTION DATES (Include all dates of the inspection) 08/04/2011		REGIONAL REPRESENTATIVE Dennis Roop, Jan Cutter	
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>W. E. G. G.</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>9-5-11</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
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person B, hired on 7/28/11, began providing unsupervised ADL services on 7/28/11. Staff person B has not completed the on-line direct care training or passed the competency test. Direct care staff person C, hired on 8/24/11, began providing direct care on 8/24/11. Staff person C has not completed the on-line direct care training or passed the competency test.	<i>8-31-11</i>	<i>The two staff members have completed online course. Certification Attached. Online training has been added to New Hire Check List. New employees will not start work until completed All employee files have been checked for completion.</i>	<i>9-5-11</i>
<p style="font-size: 24px; margin: 0;">Western Region</p> <p style="font-size: 18px; margin: 0;">AUG 31 2011</p> <p style="font-size: 14px; margin: 0;">Adult Residential Licensing</p>				

08/31/2011 17:01 The Palms At One | (FAX) 4128648200 P. 003/021

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 429400	
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SIGNATURE OF LEGAL ENTITY <i>W. L. S. V. #</i>	DATE 8-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-5-11

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
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual	Western Region AUG 31 2011 Adult Residential Licensing			

08/31/2011 17:01 The Palms At One 11

FAX: 412-864-8200

P. 004/021

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

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SIGNATURE OF LEGAL ENTITY <i>Wade E. V. [Signature]</i>	DATE 8-3-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-5-11

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
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.	Western Region AUG 31 2011			

Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY <i>Wendy A</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-5-11

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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (8) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Western Region AUG 31 2011			

Adult Residential Licensing

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

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Direct care staff person D, hired/start date 8/13/09, did not receive training in fire safety, emergency preparedness, falls and accident prevention and older adult protective services act during the 2010 training year.	8-5-11 /	Staff person D is no longer employed at Pleasant Ridge. All staff is required to participate in annual training program. A check of all employees has been done to ensure compliance. All employee files will be reviewed annually to verify training has been completed.	9-5-11
	Western Region AUG 31 2011			

Adult Residential Licensing

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P. 007/021

VIOLATION REPORT
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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.	Western Region			

Adult Residential Licensing

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

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The heater cover in room #222, is bent and pulled away from the heater creating an injury hazard.	8-31-11 <i>J</i>	Heater cover was repaired by maintenance. A check was conducted of all heater cover and a monthly check will be completed by maintenance to maintain compliance.	<i>J</i> 9-5-11
Western Region AUG 31 2011				

Adult Residential Licensing

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

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101c Each bedroom for one or more residents with a mobility need shall have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment.	Bedroom #222, is occupied by 3 residents. Residents #6, #7 and #8 all have the mobility need of a wheelchair. The room only has a total 228 square feet of space.	8-31-11	3 residents in Room 222 Have signed doctors orders saying they can safely navigate in their room with a minimum of 70 square feet.	
	Bedroom #223, is occupied by 3 residents. Resident #9, #10 and #11 all have the mobility need of a wheelchair. The room only has a total 228 square feet of space.			3 residents in Room 223 All have signed orders saying they can safely navigate in their room with a minimum of 70 square feet. * orders attached
	Western Region Adult Residential Licensing			

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

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130b The smoke detectors specified in 130a shall also be located in hallways.	The closest smoke detector in the hallway to room #225 is 18 feet and 6 inches.	8-31-11 y	This smoke detector was relocated. IT NOW IS a medium distance away from those doors, is 15 feet 5 inches. Remaining smoke detectors in hallways were also checked to ensure compliance.	9-5-11 y
	Western Region			

Adult Residential Licensing

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

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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.	The home's designated safe evacuation time specified in writing by a fire safe expert is 5 minutes. The home's fire drill evacuation time on 7/15/11 is 8 minutes and 28 seconds.	8-31-11	A full scale drill was conducted with Allegany Twp. Director of Public Safety, Louie Rask, Allegany Twp Emergency Services, Oklahoma VFW, Allegany Twp VFW, Vandergrift, Leechburg and Allegany Twp police. Approximately 50 emergency personnel on 8-20-2011 please see Attached letter.	Steps have been taken to correct violation; full compliance is not verifiable 9-5-11 Date Initials (DPW)
	Western Region	9-20-11	If the home conducts a fire drill and the evacuation time exceeds the time specified in writing by the fire safety expert, the home will conduct two fire drills it wants until the evacuation time is under the time specified by the fire safety expert for three consecutive months. 9-1-11	


Adult Residential Licensing

08/31/2011 17:02 The Palms At One/1

(FAX) 4128648200

P. 012/021

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

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	Mont	Date	Time	Exec. Time	FSE			
	Jan	01/31/2011	08:45 AM	3 min 9 sec	No			
	Feb	02/04/2011	10:00 AM	3 min 1 sec	No			
	Mar	03/18/2011	10:00 AM	3 min	No			
	Apr	04/22/2011	11:00 AM	3 min 4 sec	No			
	May	05/17/2011	09:00 AM	3 min	No			
	Jun	06/20/2011	03:30 PM	3 min 8 sec	No			
	Jul	07/15/2011	05:50 AM	6 min 28 sec	No			
	Aug	08/11/2010	10:05 AM	3 min 1 sec	No			
	Sep	09/24/2010	09:00 AM	3 min 2 sec	No			
	Oct	10/11/2010	02:30 PM	3 min	No			
	Nov	11/09/2010	07:25 PM	3 min 10 sec	No			
	Dec	12/20/2010	03:00 PM	3 min 1 sec	No			
	Western Region							
	AUG 31 2011							

Adult Residential Licensing

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

08/31/2011 17:02 The Palms At One 11

NAME AND ADDRESS OF PERSONAL CARE HOME PLEASANT RIDGE MATURE LIVING, 981 PLEASANT HILL ROAD LEECHBURG, PA 15656		CURRENT LICENSE NUMBER 429400	
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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted on 4/13/11. A medical evaluation has not been completed for resident #1.		Resident #1 admitted 4-13-2011 has a medical evaluation dated 4-11-2011 by physician.	
	Western Region	9-30-11	* Attached A medical evaluation will be completed for resident #1. The administrator or designated STAFF PERSON will review all resident records to ensure each resident has a current medical evaluation completed. 9-5-11	Steps have been taken to correct violation. Documentation for compliance is verifiable. 9-5-11 Date Initials (DPW)

Adult Residential Licensing

(FAX) 412-666-8200

P. 014/021

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

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162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The home's menus for the current week and the following week are not posted in the home.	8-31-11 g	Menus were posted on oak Board. They are also hand written daily to avoid confusion to residents. The deviation from the posted menus was due to our vendor being out of stock of one product. The cook will do daily checks to ensure posting and accuracy of menu.	9-5-11 g
	Western Region			

Adult Residential Licensing

08/31/2011 17:02 The Palms At Oneil

(FAX) 412 884 8200

P. 015/021

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	A pre-admission screening for resident #2 has not been completed. Resident #2 was admitted to the home on 7/15/11.	8-31-11 /	Pre admission screening was completed ON 7-11-2011 and was not filed in the appropriate place. Chest reviews will be conducted by Administration to meet compliance	9-5-11 /
	Western Region			

Adult Residential Licensing

08/31/2011 17:03 The Palms At Oneil

(FAX) 4128848200

P. 016/021

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 429400	
INSPECTION DATES (Include all dates of the inspection) 08/04/2011		REGIONAL REPRESENTATIVE Dennis Ropen, Jan Cutter	
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>WV & V</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-5-11

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.	An initial assessment has not been completed for resident #2. Resident #2 was admitted to the home on 7/15/11.	8-31-11	Specific staff members who are responsible for this duty were reeducated. During reeducation it was found those members of the staff were under the impression it was a 30 day window for the required paper work. Assessment has been completed. Administrator will check post admission to ensure compliance.	9-5-11 <i>J</i>
	Western Region			

Adult Residential License

VIOLATION REPORT
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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>WLS & SA</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-5-11

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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #4's assessment, completed on 6/8/11, indicates the resident is mobile; however, the resident's medical evaluation, dated 4/8/11, indicates the resident is immobile.	8-31-11	Resident assessment was updated to show resident is immobile. Educated the staff on the importance of the assessments reflecting the evaluation. The Director of resident care will continue to review the assessments to ensure compliance.	4-5-11 g
	Western Region Adult Residential Licensing			

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SIGNATURE OF LEGAL ENTITY <i>W. L. Wit</i>	DATE 8-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-5-11

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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #5's support plan, dated 6/6/11, does not indicate the residents need of a soft diet as indicated on the resident's medical evaluation dated 5/17/11.	8-31-11	Resident assessment dated 5-30-11 under Special Health or Dietary Needs indicated a soft diet. Support plan was updated to reflect this change. Education of the responsible staff members.	
	Resident #3's support plan, dated 11/8/10, does not indicate the residents need for a mechanical soft diet, and no sandwiches as indicated on the resident's medical evaluation dated 11/10/10.		Please see attached diet list from our kitchen. Resident #5 has been receiving the correct diet. Resident #3 medical evaluation indicates No special diet. Please see Attached Director of Resident care will continue to review to ensure compliance.	9-5-11
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