

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKDALE LIVING COMMUNITIES OF PENNSYLVANIA - ML, INC.

To operate THE DEVONSHIRE OF MT. LEBANON

LEGAL ENTITY
NAME OF FACILITY OR AGENCY

Located at 1050 MCNEILLY ROAD, PITTSBURGH, PA 15226

(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 80
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 10, 2011 until September 10, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 432360

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

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

SEP 27 2011

Mr. John P. Rijos, Co-President
Brookdale Living Communities of Pennsylvania –ML, Inc.
330 North Wabash Avenue, Suite 1400
Chicago, Illinois 60611

RE: The Devonshire of Mt. Lebanon
1050 McNeilly Road
Pittsburgh, Pennsylvania 15226

Dear Mr. Rijos:

As a result of the Department of Public Welfare's licensing inspection on August 11, 2011 and September 2, 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

0002/0011

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Fliener-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Christina Jones R.N. Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Christina Jones</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/9/11

DEVONSHIRE PERSONAL CARE

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
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Staff member A was hired on 4/29/08. According to staff member A's resume, he/she did not live in the state of Pennsylvania for a minimum of 2 years prior to employment. An FBI check was not completed. Western Region	8/29/11	Staff member A FBI criminal history check in process. <i>[Signature]</i> 9/9/11 Potential employees that do not live in Pennsylvania for a minimum of 2 years prior to employment will have an FBI criminal history check completed. Business Office Director will conduct an annual audit to validate that the policy and procedure related to criminal history checks are followed.	

Steps have been taken to correct violation; full compliance is not verifiable
 Date *9/9/11*
 Initials (DPW) *[Signature]*

08/31/2011 6:47 PM FAX 4123431173

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

0003/0011

DEVONSHIRE PERSONAL CARE

08/31/2011 6:47 PM FAX 4123431173

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Flinger-Adman	
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>Christina Johnson</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/9/11

REGULATION 55 Pa.Code §2600 (relating to protective services for older adults) and other applicable regulations.	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
	Western Region 409 31 1173			

Adult Residential Licensing

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

0004/0011

DEVONSHIRE PERSONAL CARE

08/31/2011 8:47 PM FAX 4129431173

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Flinger-Akman	
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>Christina...</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/9/11


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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	<p>On 8/31/11, 8/4/11 and 8/5/11 from 10:30pm-6:30am, no staff persons were present in the home who were certified in obstructed airway techniques and cardiopulmonary resuscitation.</p> <p>In the month of July, 2011, a registered nurse is present in the home on a daily basis between 8-12 hours per day. During the remaining hours in each day in July, 2011, there were no staff persons present in the home who were trained in first aid.</p>	<p>Immediately</p> <p>9/21/11</p>	<p>Two direct care staff members certified in obstructed airway techniques, cardiopulmonary resuscitation and first aid will be scheduled on each shift when the census is 5+ residents or higher, and 1 person certified for census of 50 or under.</p> <p>Training classes in cardiopulmonary resuscitation and first aid are scheduled for direct care staff that requires certification.</p> <p>Staff schedules will be audited weekly by the Health and Wellness Director and/or designee to verify that the appropriate number of staff on each shift is certified in obstructed airway techniques, cardiopulmonary resuscitation and first aid.</p> <p>Employee files will be audited annually by the Business Manager and/or designee to verify certifications remain up to date.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/9/11 <i>[Signature]</i> Date Initials (DPW)</p>


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

0005/0011

DEVONSHIRE PERSONAL CARE


08/31/2011 6:48 PM FAX 4123431173

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Flinner-Alman	
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>Christina Jones</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/9/11

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
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 9/3/08, has been providing unsupervised ADL's in the home. Staff person B has not completed the Department-approved training course or passed the competency test. Western Region 203 31 001	9/7/11 8/23/11	65d Direct care staff person B will complete the Department-approved training course. Staff person B will not be scheduled until the competency test is passed. Newly hired direct care staff will be required to complete and pass the department-approved training course prior to providing direct care services. The Health and Wellness Director or designee will verify that the Department-approved training course is completed by the appropriate staff prior to providing direct care. The Business Office Director will perform annual audits of employee files to verify that appropriate staff providing direct care have completed and passed the Department-approved training course.	 9/9/11


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

08/31/2011 6:48 PM FAX 4123431173
 DEVONSHIRE PERSONAL CARE
 0006/0011

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Flinner-Alman	
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>Chavez</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/9/11

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			

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Finner-Alman	
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SIGNATURE OF LEGAL ENTITY <i>Christina</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/19/11

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 10 31 11			


Adult Residential Licensing

0007/0011

DEVONSHIRE PERSONAL CARE

08/31/2011 6:48 PM FAX 4123431173

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
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SIGNATURE OF LEGAL ENTITY <i>Christina Jones</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/9/11

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
(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. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Western Region 712 311 1111			

Adult Residential Licensing

0008/0011

DEVONSHIRE PERSONAL CARE

08/31/2011 6:40 PM FAX 4123431173

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
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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
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	Ancillary staff person A, hired 4/29/08, did not receive training in fire safety, emergency preparedness procedures, or falls and accident prevention during training year 2010.	9/8/11	65g Staff person A, C, D, E and F will complete the required trainings.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date: <i>9/9/11</i> Initials: (DPW)</p>
	Direct care staff person B, hired 9/3/08, did not receive training in fire safety, emergency preparedness procedures, resident rights, The Older Adult Protective Services Act (OAPSA), or falls and accident prevention during training year 2010.	8/23/11	Staff person B is no longer active on the working schedule. Staff person B will not be placed on the schedule until all necessary trainings are completed.	
	Direct care staff person C, hired 12/28/07, did not receive training in fire safety, emergency preparedness procedures, resident rights, OAPSA, or falls and accident prevention during training year 2010.	9/22/11	The Business Office Manager will verify that all mandatory trainings are completed upon hire during the orientation phase.	
	Ancillary staff person D, hired 4/15/08, did not receive training in fire safety, emergency preparedness procedures, or falls and accident prevention during training year 2010.		The Business Manager will audit employee records to ensure that all staff has had the necessary training and alert the appropriate department managers if any staff is out of compliance. Any staff member found to be out of compliance will be taken off the schedule until training is completed.	

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DEVONSHIRE PERSONAL CARE

08/31/2011 6:49 PM FAX 4123431173

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

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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
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.	Ancillary staff person E, hired 6/2/07, did not receive training in fire safety, emergency preparedness procedures, resident rights, OAPSA, or and falls and accident prevention during training year 2010. Ancillary staff person F, hired 7/21/09, did not receive training in fire safety, emergency preparedness procedures, resident rights, OAPSA, or falls and accident prevention during training year 2010.	9/8/11	Training plan created to ensure all required areas are covered in employee annual training. <i>[Signature]</i> 9/9/11	
Western Region				

Adult Residential Licensing

0011/0011

DEVONSHIRE PERSONAL CARE

08/31/2011 6:50 PM FAX 4123431173


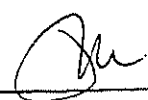
VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
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SIGNATURE OF LEGAL ENTITY <i>Christina Jones</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>jm</i>	DATE 9/9/11

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
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.	A bottle of Tide laundry detergent with a manufacturer's label indicating "If swallowed, contact a physician or poison control," was unlocked and accessible to residents in apartment #208. Resident #1, who resides in apartment #208, has not been assessed capable of recognizing and using poisons safely. Western Region Adult Residential Licensing	8/30/11 8/23/11	82c Resident #1's assessment was updated and is assessed to be capable of recognizing and using poisons appropriately. Resident #1 has been instructed to keep poisonous materials locked in a secure area. Residents will be assessed for the capability of recognizing and using poisons appropriately. The Resident Care Coordinator or designee will verify that the Personal Care Home assessments are noted with the result of the assessment. The Health and Wellness Director or designee will audit charts monthly for compliance. Direct care staff will monitor rooms daily to verify that residents who have been assessed to be unable to recognize and use poisons safely do not have access to these materials.	<i>jm</i> 9/9/11

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 DEVONSHIRE PERSONAL CARE
 08/31/2011 6:51 PM FAX 4123431173

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
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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
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 apartment #232 did not have the required phone numbers posted on or by the telephone. Western Region	8/23/11 9/7/11	91 Telephone in apartment #232 now has required phone numbers posted on the telephone. All PC resident telephones have the required attached phone numbers. The Resident Care Coordinator or designee will monitor resident rooms at random for continued compliance. The Director of Marketing or designee will verify required phone numbers are attached to telephones of future residents prior to move in.	 9/9/11

Adult Residential Licensing

0003/0012

DEVONSHIRE PERSONAL CARE

08/31/2011 6:51 PM FAX 4123431173

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

0004/0012

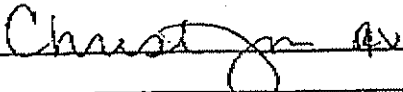

DEVONSHIRE PERSONAL CARE


08/31/2011 6:52 PM FAX 4123431173

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Flinner-Alman	
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SIGNATURE OF LEGAL ENTITY <i>Christina R. R. R.</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/9/11

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.	There was an accumulation of lint in the lint trap of the the dryer on the 2nd floor "high side". Western Region	9/1/11 7/1/11	105g1 Lint in the trap of the clothes dryer on the 2 nd . Floor "high side" was removed. PC direct care staff will be re-in serviced on the removal of lint from the clothes dryer traps and drums after each use. Signs will be posted in the laundry areas to serve as a reminder to residents and families. Lint traps /drum of all dryers on the 2 nd floor will be check twice daily by housekeeping personnel.	<i>[Signature]</i> 9/9/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
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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
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures are not posted in a conspicuous and public place in the home. Western Region	8/24/11	123b A copy of the home's emergency procedures is now located at the front desk in public view The Business Manager or designee will monitor weekly to verify the home's emergency procedures remain in public view within the lobby of the home.	 9/9/11


0005/0012

DEVONSHIRE PERSONAL CARE

08/31/2011 6:52 PM FAX 4123431173

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

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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
130f Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.	The home had no written record of monthly testing of the home's smoke detectors.	<i>withdrawn</i>	130f The Devonshire of Mt. Lebanon has an interconnected fire detection and alarm system (AM 2020). This automatic system's test activates and verifies (17 cycles in a 24 hour period) every smoke detector in the system. Maintenance alert function automatically warns of contaminated detectors. The automatic drift compensation of intelligent smoke detectors, meets the requirement of NFPA Chapter 7 for calibrated test.	

0006/0012
 DEVONSHIRE PERSONAL CARE
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Finner-Alman	
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>Chandler</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/9/11

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.	<p>The fire drill record for the drills conducted on 3/28/11, 4/23/11, 4/28/11, 5/22/11, 6/25/11 and 7/30/11 do not include:</p> <ul style="list-style-type: none"> the exit routes used the number of residents in the home at the time of the drill the number of residents evacuated any problems that were encountered whether the fire alarm or smoke detector was operative. <p>The fire drill record for the drill conducted on 7/30/11 does not include the time that the drill took place.</p>	8/29/11	<p>Fire Drill record will be revised to include:</p> <ul style="list-style-type: none"> Exit routes used Number of resident in the home at the time of the drill Number of residents evacuated Any problems that were encountered Whether the fire alarm or smoke detector was operative <p>Fire Drill record of 7/30/11 was corrected to include the time the drill was conducted according to the ADT Fire Panel log.</p> <p>Written Fire Drill records shall include areas that are stipulated in Regulation 55 Pa Code 2600 /132c.</p> <p>Maintenance Director will review future written Fire Drill record to ensure it is completed accurately.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/9/11 <i>[Signature]</i> Date Initials (DPW)</p>

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DEVONSHIRE PERSONAL CARE

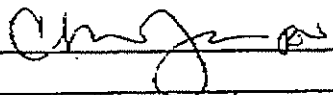

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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DEVONSHIRE PERSONAL CARE

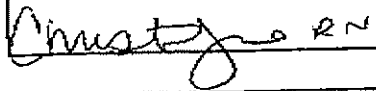

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NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Flinger-Alman	
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	Mont	Date	Time	Evac. Time	FSE			
	Jan				No	9-2-11	All staff who complete fire drills be re-educated on fire drill procedures. Administrator will observe fire drills for Sep and October to ensure proper procedures are followed.	
	Feb				No			
	Mar	03/28/2011	09:39 AM	4 min, 4 sec	No			
	Apr	04/23/2011	08:16 AM	3 min, 37 sec	No			
	May	05/22/2011	09:01 AM	3 min, 3 sec	No			
	Jun	06/25/2011	09:26 AM	4 min, 4 sec	No			
	Jul	07/30/2011		4 min, 0 sec	No			
	Aug				No			
	Sep				No			
	Oct				No			
	Nov				No			
	Dec				No			
Western Region								

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEELLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360
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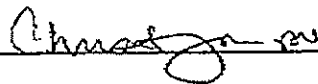

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general 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	<p>The medical evaluation for resident #2, dated 4/11/11, does not include the recommended level of care or the resident's ability to self-administer medications.</p> <p>The medical evaluation for resident #3, dated 10/18/10, does not include the resident's ability to self-administer medications.</p> <p>The medical evaluation for resident #4, dated 10/1/10, states "see accompanying medication list" however there was no list attached.</p> <p align="center">Western Region</p>	9/1/11	<p>141a Medical evaluations for residents #2, 3 and 4 were sent to the designated primary care physicians for update and completion. Any attachments noted on the medical evaluations will be reviewed for the appropriate signature/date.</p> <p>The designated primary care physician of any resident with an incomplete/erroneous medical evaluation will be contacted for correction. The Resident Care Coordinator or designee will monitor Medical Evaluations for completeness and accuracy. Chart audits will be performed monthly by the Health and Wellness Director or designee to verify that medical evaluations of residents are complete and accurate.</p> <p>The Health and Wellness Director or designee will maintain a file of required Department of Public Welfare forms and verify these forms are updated and/or received within the timeframe specified by the Department.</p>	 9/9/11

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

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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.	Western Region			



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DEVONSHIRE PERSONAL CARE

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

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141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #5 last medical evaluation was completed on 12/10/10. The previous medical evaluation was completed on 10/6/09.	8/23/11	141b1 The Health and Wellness Director or designee will maintain a file of the required Department of Public Welfare forms and verify these forms are updated and/or received within the timeframe specified by the Department.	
	Western Region	10/15/11	Administrator will create a tracking system for resident medical evaluations to ensure they are completed on time. 	 9/9/11



Adult Residential Licensing


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DEVONSHIRE PERSONAL CARE

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
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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 was admitted to Hospice on 3/5/11. A new medical evaluation was not completed to reflect this change in medical condition. Western Region Residential Licensing	8/30/11	141b2 Resident #3 has a scheduled appointment with the designated primary care physician for an updated medical evaluation. The Resident Care Coordinator or designee will monitor residents for significant change in medical condition and notify the primary care physician for a new medical evaluation. The Health and Wellness Director or designee will audit records monthly for compliance.	 9/9/11

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

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NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432369	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitney, L. Flinner-Alman	
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>Christy...</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/9/11

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
181d If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.	Resident #6 self administers medications and stores medications in their room. Medications were observed unlocked and accessible on the resident's dresser. The resident stated that he/she never locks the bedroom door when not in the room. Medications are unlocked and accessible to other residents of the home and not secured when resident leaves the bedroom. Western Region Adult Residential Licensing	8/23/11 8/23/11	181d Resident #6 has been educated on the policies and procedures for self-administering medications in the home. Resident #6 has verbalized an understanding of the policies and procedures for self-administering medications and agrees to keep medications in a secured, locked area when leaving the room. Any resident who self-administers medications will be educated on the community's policies and procedure s related to securing medications. Direct care staff will remind residents to keep medications secured when not in room. The Health and Wellness Director or designee will monitor resident weekly for continued compliance.	<i>[Signature]</i> Date Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable

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

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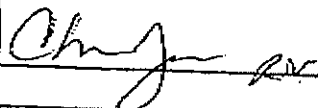

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
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SIGNATURE OF LEGAL ENTITY <i>Christina J. ...</i>	DATE 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 9/9/11

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	<p>Resident #8 had a medication change on 8/3/11 to Risperidone 0.50mg at bedtime. The medication was not administered on the evening of 8/4/11. The resident, designated person and physician were not notified of the medication error.</p> <p>Resident #8 is ordered "Ondansetron-4mg: One tablet by mouth 4 times a day as needed." The medication was not available in the home.</p> <p>Resident #8 is ordered "Hydrocodone-APAP-5/500mg: Take one tablet by mouth every 4 hours as needed." The medication was not available in the home.</p> <p align="center">Western Region</p>	<p>8/23/11</p> <p>9/6/11</p>	<p>185a & 186b The primary care physician and designated person of resident #8 have been notified of the medication errors which occurred on 8/1/11 and 8/4/11. Medication Technicians will be educated as to proper medication administration including the "5 rights". Medication Technicians will also be re-trained on the policies and procedures for reporting medication errors. The Health & Wellness Coordinator or designee will audit the MAR daily for proper documentation of any medication which is not given. The resident's physician and designated person will be notified of any medication errors.</p>	<p><i>JM</i> 9/9/11</p>

See Page 23A

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 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
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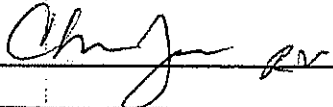

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	Western Region	8/23/11	A Medication Administration Record (MAR) cart audit has been performed for resident #8 and any missing medications have been ordered and are available on the medication cart. The Health & Wellness Coordinator or designee will perform weekly MAR cart audits for residents to verify medications ordered are available on the medication cart.	

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DEVONSHIRE PERSONAL CARE

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

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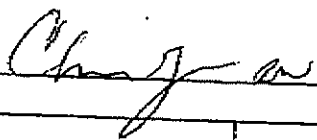
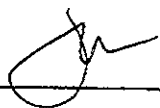
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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	<p>Resident #8 had a medication change on 8/3/11 from Risperidone .75mg at bedtime to Risperidone 0.50mg at bedtime. The medication was not administered on the evening of 8/4/11. The resident, the resident's designated person and physician were not notified of the medication error.</p> <p>Resident #8 is ordered 5 units of Novolin when blood glucose readings are between 301-340. On 8/1/11 at 12:00pm, the resident's blood glucose reading was 323 and only 3 units of Novolin were administered per the medication administration record. The resident, the resident's designated person and physician were not notified of the medication error.</p>	8/23/11	<p>A Medication Administration Record (MAR) cart audit has been performed for resident #8 and any missing medications have been ordered and are available on the medication cart.</p> <p>The Health & Wellness Coordinator or designee will perform weekly MAR cart audits for residents to verify medications ordered are available on the medication cart.</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p style="text-align: right;">Date: 9/9/11 Initials: (DPA)</p>
			<p>188b The primary care physician and designated person of resident #8 have been notified of the medication error which occurred on 8/1/11 and 8/4/11. Medication technicians will be educated as to proper medication administration including the "7 rights" medication and procedures for reporting medication errors. The Health and Wellness Coordinator or designee will audit the MAR daily for proper documentation of any medication which is not given. 2 ³ All staff administering insulin will be re-inserviced by the health and wellness coordinator or designee on insulin management.</p>	


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

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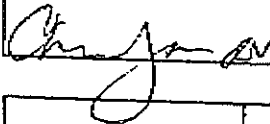

DEVONSHIRE PERSONAL CARE

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NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>The medication administration record for resident #7 does not include a <u>diagnosis</u> for Lorazepam-0.5mg.</p> <p>The medication administration record for resident #7 does not include a <u>diagnosis</u> for Metoprolol-50mg.</p> <p>The medication administration record for resident #8 does not include a <u>diagnosis</u> for Omeprazole-20mg.</p> <p>The medication administration record for resident #8 does not include a <u>diagnosis</u> for Risperidone-0.25mg.</p> <p>The medication administration record for resident #8 states "Loperamide HCL-2mg." however the medication order is for "Loperamide HCL-20mg."</p> <p align="center">Western Region</p>	8/24/11	<p>187a The medication records for resident #7 and #8 have been updated to include the appropriate diagnosis. The medication record for resident #8 has been updated to reflect the appropriate dosage of Loperamide HCL 20mg.</p> <p>New medications written on the MAR will have corresponding diagnosis documented as appropriate.</p> <p>The Health and Wellness Coordinator or designee will audit the MAR monthly to verify medications have the appropriate diagnosis documented.</p>	 9/9/11

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

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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			

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DEVONSHIRE PERSONAL CARE

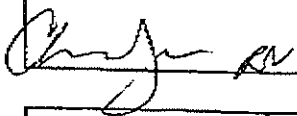

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DEVONSHIRE PERSONAL CARE

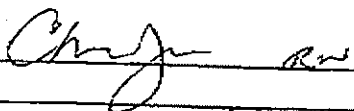

08/31/2011 6:57 PM FAX 4123431173

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVONSHIRE OF MT LEBANON, 1050 MCNEILLY ROAD PITTSBURGH, PA 15226		CURRENT LICENSE NUMBER 432360	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE L. Mazza, D. Whitacy, L. Flinner-Alman	
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 8/31/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/9/11

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
187d The home shall follow the directions of the prescriber.	<p>Two prescriptions of the same medication were present in the home for resident #8. One pharmacy label read, "Lorazepam-0.5mg: Take one tablet by mouth 2 times a day for anxiety." The other pharmacy label read, "Lorazepam-0.5mg: Take one tablet by mouth every 8 hours as needed for anxiety."</p> <p>Resident #8 is ordered, "Albuterol-0.5-3mg: Use one vial via nebulizer 2 times a day and every 4 hours as needed for wheezing." The medication administration record states, "Albuterol-0.5-3mg: Use one vial via nebulizer every 4 hours as needed for wheezing." The medication has been administered 2 times a day.</p> <p>Resident #8 is ordered 5 units of Novolin when glucometer readings are between 301-340. On 8/1/11 at 12:00pm, the resident's glucometer reading was 323 and only 3 units of Novolin were administered per</p>	<p>8/24/11</p> <p>9/6/11</p>	<p>187d The two prescriptions for the same medication: Lorazepam 0.5mg has been clarified with the primary care physician. A "directions changed refer to MAR" sticker has been placed over the erroneous label</p> <p>Resident #8 Albuterol entry has been corrected on the MAR. .</p> <p>Medication changes will be updated on the MAR and a "directions changed refer to MAR" sticker will be placed on the medication label, if appropriate. .</p> <p>Medication Technicians were retrained on the "5 rights" to medication administration. The Health & Wellness Coordinator or designee will perform weekly MAR to cart audits to verify medications match the current physician's order.</p>	<p>9/9/11</p>

Western Region

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

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	the medication administration record. Repeated Violations: 06/24/2010 Western Region	9/30/11	All staff was administering insulin will be re-serviced on insulin management by the Health and wellness coordinator or designee.	

Adult Residential License

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DEVONSHIRE PERSONAL CARE

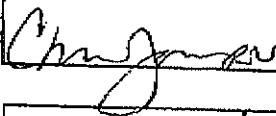

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

0009/0009

DEVONSHIRE PERSONAL CARE

08/31/2011 6:58 PM FAX 4123431173

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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
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>Resident #2 is ordered a CCD, NAS, Heart Healthy and Renal diet. These diets are not documented on the resident's assessment, dated 4/28/11.</p> <p>Resident #4 is ordered a low sodium and low caffeine diet. This diet is not documented on the resident's assessment, dated 10/25/10.</p> <p>Resident #9 is ordered a low cholesterol diet. This diet is not documented on the resident's assessment, dated 5/22/11.</p> <p>Resident #10 is ordered a low fat diet. This diet is not documented on the resident's assessment, dated 5/16/11.</p> <p>Resident #11 is ordered a low potassium diet. This diet is not documented on the resident's assessment, dated 1/7/11.</p>	<p>8/27/11</p> <p>9/2/11</p>	<p>225a Assessments and support plans have been updated for resident #2, 4, 9, 10 and 11, to reflect the ordered diet. The Resident Care Coordinator or designee will perform an audit on all PC resident charts to verify that ordered diets are indicated on the assessment and support plan. The Health and Wellness Director or designee will perform monthly chart audits to verify compliance.</p> <p>All residents diets are noted on internal form (nutrition tracker). This information is updated weekly and significant changes by the Health and Wellness Director or designee. Dietary staff as well as Direct care staff have access to this information. Immediate notification of diet changes are given to Dining Services manager and direct care staff on a daily basis on the posted nutrition tracker.</p>	<p>9/9/11</p>

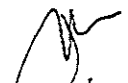
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

0002/0011

DEVONSHIRE PERSONAL CARE

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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 #3 was admitted to Hospice on 3/5/11. A new assessment was not completed to reflect this change in medical condition. Western Region	8/30/11	225c A new assessment for resident #3 has been completed to reflect the change in medical condition. The Resident Care Coordinator or designee will monitor residents for significant changes and complete a new assessment. The Health and Wellness Director or designee will audit records monthly for compliance.	 9/9/11

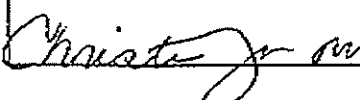

Adult Residential Center


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

0003/0011

DEVONSHIRE PERSONAL CARE

08/31/2011 6:59 PM FAX 4123431173

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #10's assessment, dated 5/16/11, states that the resident is independently mobile with an ambulation device. However, the resident's medical evaluation, dated 5/26/11, states that the resident is unable to move from one location to another without physical assistance.	9/30/11	226a The Primary Care Physician for resident #10 has been contacted to complete a new medical evaluation. The designated primary care physician of a resident with an incomplete/erroneous medical evaluation will be contacted for correction. The Resident Care Coordinator or designee will monitor Medical Evaluations for completeness and accuracy. Chart audits will be performed by the Health and Wellness Director or designee on a monthly basis to verify compliance.	 9/9/11
	Western Region			

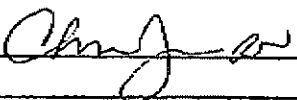
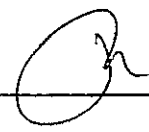
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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DEVONSHIRE PERSONAL CARE

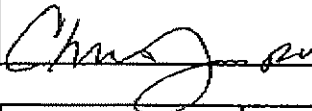
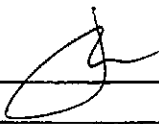
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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	<p>Resident #2 is ordered a CCD, NAS, Heart Healthy and Renal diet. These diets are not documented on the resident's support plan, dated 4/26/11.</p> <p>Resident #4 is ordered a low sodium and low caffeine diet. This diet is not documented on the resident's support plan, dated 10/28/10.</p> <p>Resident #9 is ordered a low cholesterol diet. This diet is not documented on the resident's support plan, dated 5/22/11.</p> <p>Resident #10 is ordered a low fat diet. This diet is not documented on the resident's support plan, dated 5/25/11.</p> <p>Resident #11 is ordered a low potassium diet. This diet is not documented on the resident's support plan, dated 1/9/11.</p> <p align="center">Western Region</p>	<p>8/30/11</p> <p>9/2/11</p>	<p>227a The assessments and support plans for resident #2, 4, 9, 10 and 11, have been updated to reflect the ordered diet. The Resident Care Coordinator or designee will perform an audit on PC residents charts to verify that ordered diets are indicated on the assessment and support plan. The Health and Wellness Director or designee will perform monthly chart audits to verify compliance.</p> <p>All resident diets are noted on internal form (nutrition tracker). This information is updated weekly and a significant changes by the Health and Wellness Coordinator or designee. Dietary staff as well as direct care staff have access to this information. Immediate notification of diet changes are given to Dining services manager and direct care staff on a daily basis on the posted nutrition tracker.</p>	<p>9/9/11</p>

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

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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 #3 was admitted to Hospice on 3/5/11. A new support plan was not completed to reflect this change in medical condition. <p align="center">Western Region</p>	8/30/11	227c A new support plan for resident #3 was completed to reflect the change in medical condition. The Resident Care Coordinator or designee will monitor residents for significant changes and complete a new support plan. The Health and Wellness Director will audit records monthly for compliance.	 9/9/11

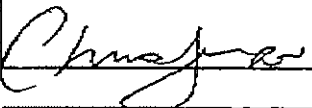

Adult Residential Licensing

0005/0011

DEVONSHIRE PERSONAL CARE

08/31/2011 7:00 PM FAX 4129431173

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

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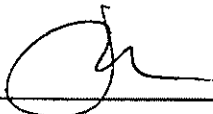
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	Western Region Adult Residential			

0007/0011

DEVONSHIRE PERSONAL CARE

08/31/2011 7:00 PM FAX 4123431173

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

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents.	Western Region Adult Residential Licensing			

0008/0011

DEVONSHIRE PERSONAL CARE

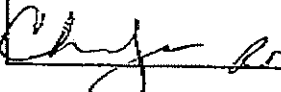

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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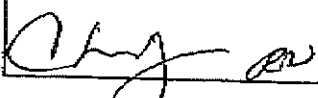
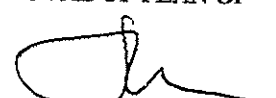
DEVONSHIRE PERSONAL CARE

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REGULATION 55 Pa.Code §2609	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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	Western Region Adult Residential			

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

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	Western Region Adult Residential Licensing			

0011/0011

DEVONSHIRE PERSONAL CARE

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