

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MON-VALE NON ACUTE CARE SERVICES, INC.

To operate THE RESIDENCE AT HILLTOP

Located at 210 ROUTE 837, MONONGAHELA, PA 15063

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 84
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

and shall remain in effect from October 15, 2011 until October 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 474880

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

OCT 07 2011

Mr. Daniel Simmons, Secretary/Treasurer
Mon-Vale Non Acute Care Services, Inc.
1163 Country Club Road
Monongahela, Pennsylvania 15063

RE: The Residence at Hilltop
210 Route 837
Monongahela, Pennsylvania 15063

Dear Mr. Simmons:

As a result of the Department of Public Welfare's licensing inspection on September 19, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R' followed by a long horizontal stroke.

Ronald Melusky
Director

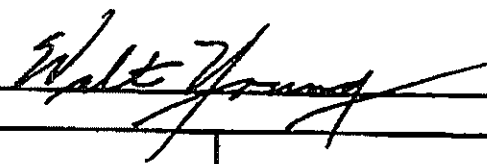
Enclosure
License

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE RESIDENCE AT HILLTOP, 210 ROUTE 837 MONONGAHELA, PA 15063		CURRENT LICENSE NUMBER 474880	
INSPECTION DATES (Include all dates of the inspection) 09/19/2011		REGIONAL REPRESENTATIVE Dennis Repon, Joe Phillips	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>WALT YOUNG</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9-27-11

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
<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ul style="list-style-type: none"> (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 #1 does not include the diagnosis or purpose for Arginaid Orange Pack, one- pach twice a day.</p> <p>The medication administration record for resident #2 does not include the diagnosis or purpose for Levofloxacin 500mg, 1- tab by mouth daily.</p> <p style="text-align: center; font-size: 1.5em; margin-top: 20px;">Western Region</p> <p style="text-align: center; margin-top: 10px;">SEP 26 2011</p>		<p>① THE MEDICATION RECORD WAS NOT COMPLETED BY THE ADMITTING NURSE. THE DIAGNOSIS WAS NOT ON THE MEDICATION RECORD</p> <p>② ALL NURSES AND MEDICATION AIDES ATTENDED A RE-INSERVICE COVERING ALL REGULATORY REQUIREMENTS NEEDED FOR A COMPLETED AND ACCURATE MEDICATION RECORD.</p> <p>③ WHEN A MEDICATION IS ADDED TO A MEDICATION RECORD, THE NIGHT NURSE, DOING THE REDLINING WILL DOUBLE CHECK THAT ALL MEDICATIONS WILL HAVE A DIAGNOSIS. ANOTHER CHECK FOR ACCURACY WILL OCCUR WHEN THE NEXT MONTH'S MEDICATION RECORDS</p>	<p style="text-align: right; font-size: 1.2em;">9-27-11</p> <p style="text-align: right; font-size: 2em;">J</p>

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			DATE 9-27-11

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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 SEP 26 2011		ARE REVIEWED BY THE NURSE PRIOR TO THE BEGINNING OF THE NEXT MONTH. THIS WILL ENSURE THAT ALL MEDICATIONS WILL HAVE A DIAGNOSIS ④ THE DIRECTOR OF NURSING AND THE NURSE CARE PLAN COORDINATOR WILL CONTINUOUSLY MONITOR THE MEDICATION RECORDS FOR COMPLIANCE.	