

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PINE VIEW PERSONAL CARE FACILITY, INC.

To operate PINE VIEW PERSONAL CARE FACILITY

Located at 1113 PINE VIEW LANE, VANDERGRIFT, PA 15690

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 28
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 October 29, 2011 until October 29, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426690

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

OCT 28 2011

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

Mr. Thomas A. Scanga, Owner/Administrator
Pine View Personal Care Facility, Inc.
PO Box 150
Vandergrift, Pennsylvania 15690

RE: Pine View Personal Care Facility
1113 Pine View Lane
Vandergrift, Pennsylvania 15690

Dear Mr. Scanga:

As a result of the Department of Public Welfare's licensing inspection on September 26, 2011 and October 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 read "Ronald Melusky", with a long horizontal flourish extending to the right.

Ronald Melusky
Director



Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME PINE VIEW PERSONAL CARE FACILITY, 1113 PINE VIEW LANE VANDERGRIFT, PA 15690		CURRENT LICENSE NUMBER 426690	
INSPECTION DATES (Include all dates of the inspection) 09/26/2011 , 10/4/11		REGIONAL REPRESENTATIVE D. McConnell, T. Newman, D. McConnell, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Thomas A. Seanga, Administrator & Owner			
SIGNATURE OF LEGAL ENTITY 	DATE 10-10-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10/13/11

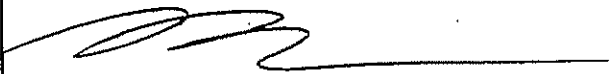

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 10/4/11 the home's copy of the 55 PA Code Chapter 2600 was not posted in a conspicuous and public place in the home. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center; font-weight: bold;">OCT 12 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	October 4, 2011	The pink copy of 55 PA code chapter 2600 was immediately put back on the bulletin board. The administrators were using the book as a reference in the office & forgot to repost it. In the future when an administrator is working with the book - they will immediately repost it once they have finished with the book.	 10/13/11


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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	On 9/26/11, resident #1 and #2 had an enable bar on their bed that posed a potential hazard due to an unprotected opening of 12". The opening was allowing the possibility of an entrapment of a head or limb. Western OCT 12 2011 Adult Residential Licensing	9-26-11	The bed canes were removed immediately by admin. - when the inspector explained the potential danger, admin. & admin. also implemented a new policy - explaining the home will no longer use the bed canes. The policy has been added to our policy book - posted in the med room for all therapists to read as well as a copy on the bulletin board for all families to view.	Steps have been taken to correct violation; full compliance is not verifiable 10/13/11 Date Initials (DPW)


A copy is enclosed for your review in addition the 2 residents & their families involved were explained the potential danger - reasons for

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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)			
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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. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">OCT 12 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	10/7/11	A copy was made by admin - owner of the Emergency Procedure plan - put in a marked folder and posted on the bulletin board next to the pink book. This will remain posted - any changes or updates to the original plan will also be put in this folder with a copy. Administrator or designee will check at least weekly to ensure	 10/13/11

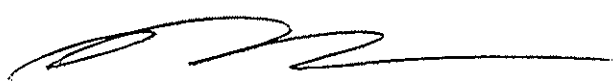

*The emergency procedures remain posted.
Jm 10/12/11*

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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	The medication administration record for resident #3, #4, #5 and #6 did not include the purpose for the following prescribed medications: Resident #3 - Zoloft Resident #4 - Duoreb Resident #5 - Triamcinelene Cream Resident #6 - Nystop <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center; font-size: 1.2em;">OCT 12 2011</p> <p style="text-align: center; font-size: 1.2em;">Adult Residential Licensing</p>	9/27/11	, admin., personally reviewed the importance of listing diagnosis-purpose for every med with every med passer. A written reminder packet was also posted in the med room. all med passers were instructed to review it & refer to it. In the future we will continually do MAR review touching specifically with written diagnosis. We will also continue to review the importance of proper documentation on the MARs once a month at our staff meetings. Going over specifically	 10/13/11

diagnosis, times to admin, date start (if ap stop date) initialing & signing MARs etc.

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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.	Weston OCT 1 2011 Adult Residential Licensing			