

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MERCY LIFE CENTER CORPORATION

LEGAL ENTITY

To operate GARDEN VIEW MANOR

NAME OF FACILITY OR AGENCY

Located at 441 SWISSVALE AVENUE, PITTSBURGH, PA 15221

(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 56
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: No residents with mobility needs may be served

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: **440690**

Robert E. Robinson

ISSUING OFFICER

R.C. King

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

NOV 03 2011

Mr. Richard J. Rach, Executive Director
Mercy Life Center Corporation
Attn: Carol Fiffas
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Garden View Manor
441 Swissvale Avenue
Pittsburgh, Pennsylvania 15221

Dear Mr. Rach:

As a result of the Department of Public Welfare's licensing inspection on October 3, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke 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 GARDEN VIEW MANOR, 441 SWISSVALE AVENUE PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 440690		
INSPECTION DATES (include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Michael Marini, Diane Whitney		
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>[Signature]</i>	DATE 10/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 10-26-11	
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
25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Resident 1 was admitted on 12/14/2010 but did not have a resident-home contract completed until 12/30/2010. Resident 2 was admitted on 9/23/2010 but did not have a resident-home contract completed until 9/30/2010. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region OCT 21 2011 Adult Residential Licensing </div>	10/20/11 + on-going	This violation was a result of not having income verification at the time of the resident's admission. The home will now require that income verification be provided as part of the referral information that is due 2 days prior to admission. In the event that this is not possible, the rental amount will be reflected as "income minus \$150" until proof of income can be provided. This will ensure that an admission agreement is complete within appropriate time frames.	10-26-11 <i>[Signature]</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Hanna M. [Signature]</i>	DATE 10/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 10/26/11

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.	<p>Six bottles of Lysol Kitchen Cleaner, with a manufacture's label indicating "If swallowed contact a poison control center.", was in the cupboard opposite the entry door. The kitchen and the cupboard were unlocked and the Lysol was accessible to residents. Residents of the home were not assessed capable of recognizing and using poisons safety.</p> <p>Eight bottles of oven cleaner, 3 containers of dishwashing soap, and 1 gallon of floor cleaner, each with a manufacture's label indicating "Harmful/fatal if swallowed." was in the kitchen cupboard opposite the entry door. The kitchen and the cupboard were unlocked and the poisons were accessible to residents. The residents of the home were not assessed as capable of recognizing and using poisons safety.</p>	10/4/11	<p>At the time of the violation, administrator was made aware and both kitchen door and cupboard door were closed.</p> <p>On 10/4/11 maintenance staff applied a lock on the cupboard door where etc items are stored to ensure that no residents have access.</p> <p>In addition, support services supervisor [redacted] discussed the violation with kitchen staff and educated on the need to maintain a lock on poisonous materials at all times.</p>	10-26-11 <i>[Signature]</i>

Western Region

OCT 21 2011

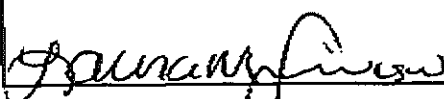
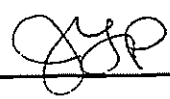
Adult Residential Licensing


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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	<p>On 10/3/11, the water temperature at the following locations were over 120 degrees Fahrenheit:</p> <table border="1"> <thead> <tr> <th>Room</th> <th>Location</th> <th>Temp.</th> </tr> </thead> <tbody> <tr> <td>113</td> <td>bathroom sink</td> <td>123.2 degrees Fahrenheit</td> </tr> <tr> <td>117</td> <td>bathroom sink</td> <td>123.2 degrees Fahrenheit</td> </tr> <tr> <td>G-6</td> <td>bathroom sink</td> <td>124.7 degrees Fahrenheit</td> </tr> <tr> <td>201</td> <td>bathroom sink</td> <td>125.7 degrees Fahrenheit</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 10px; margin-top: 10px; text-align: center;"> <p>Western Region</p> <p>OCT 21 2011</p> <p>Adult Residential Licensing</p> </div>	Room	Location	Temp.	113	bathroom sink	123.2 degrees Fahrenheit	117	bathroom sink	123.2 degrees Fahrenheit	G-6	bathroom sink	124.7 degrees Fahrenheit	201	bathroom sink	125.7 degrees Fahrenheit	10/7/11	<p>Following site inspection, an appointment was made to have the boiler inspected. This appointment took place on 10/7/11. The boiler inspector was made aware of the problem and the boiler temperature was lowered by 5 degrees to correct the issue.</p> <p>Maintenance staff will continue to complete their regular weekly random water temperature checks to ensure that water temperature stays below 120° in those areas accessible to residents.</p>	10-26-11 <i>[Signature]</i>
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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 did not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation times are: Repeated Violations: 09/13/2010 	11/15/11	DUE TO THE FACT THAT ADMINISTRATOR IS HAVING DIFFICULTY COORDINATING ANNUAL VISIT WITH LOCAL FIRE AUTHORITIES, A 3RD PARTY FIRE INSPECTOR WILL BE USED TO ENSURE AN UPDATED EVACUATION TIME LETTER IS COMPLETED. [REDACTED] a local fire safety expert, will assist with completion of all required fire safety documentation.	

VIOLATION REPORT
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Page 5 of 11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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 3's medical evaluation form was unsigned. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region OCT 21 2011 Adult Residential Licensing </div>	10/25/11	Resident had both an MA-51 and Medical Evaluation form completed prior to admission, however physician failed to sign one of the forms. A new medical evaluation form has been requested from this resident's PCP. This will be completed at an appointment on 10/25/11. Administrator will review all medical evaluation documentation to ensure that they are completed in their entirety.	10-26-11 <i>[Signature]</i>

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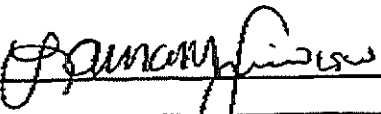

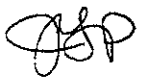
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical 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>Resident 2's medical evaluation form dated 10/5/2010 did not include a list of the resident's medications.</p> <p>Resident 3's medical evaluation form dated 12/3/10 did not include the resident's medical history.</p> <p>Resident 4's medical evaluation form dated 11/7/2010 did not include the resident's diet.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p align="center">Western Region</p> <p align="center">OCT 21 2011</p> <p align="center">Adult Residential Licensing</p> </div>	10/25/11	<p>A new medical evaluation was requested of resident #2's physician. This was completed on 10/7/11 and includes a list of resident's medications (attached)</p> <p>A new medical evaluation for resident #3 will be completed on 10/25/11 by PCP to include medical history.</p> <p>Resident #4 will also have a new medical evaluation completed on 10/25/11 to be done by PCP.</p> <p>Administrator will review to ensure all forms are completed in their entirety.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date 10/26/11 Initials (DPW)</p>

11-30-11 The administrator will review all current medical evaluations to ensure they are completed in their entirety including diet, medications, and medical history. 10/26/11 *[Signature]*

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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.			(see previous page) <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p align="center">Western Region</p> <p align="center">OCT 21 2011</p> <p align="center">Adult Residential Licensing</p> </div>	

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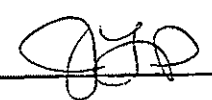
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident 2 was admitted on 9/23/2010. Resident 2's initial assessment was completed on 9/21/2011. Resident 6 was admitted on 7/5/2011. Resident 6's initial assessment was completed on 6/24/2011. Resident 7 was admitted on 9/30/2010. Resident 7's initial assessment was completed on 9/29/2010.	10/20/11	Typically, staff begin to prepare admission paperwork in advance of resident admission. Then paperwork is reviewed with resident, updated, and signed by resident following admission. This explains why some documents may reflect a date prior to the admission date. Staff will be reminded not to sign and date documents until after reviewed with new resident in the event that changes/updates are needed. All new PCH Assessments will be completed within 15 days of the admission date.	10-26-11 

Western Region

OCT 21 2011

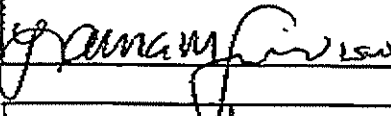


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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident 5's medical evaluation form dated 12/26/2010 indicated the resident had diabetes, Hepatitis C, hypothyroidism, dyslipidemia, GERD, and elevated ammonia levels. The assessment dated 2/14/2011 did not include these diagnosis. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region OCT 21 2011 Adult Residential Licensing </div>	10/20/11 11-30-11	Resident's Assessment was updated to reflect medical diagnoses as indicated on medical evaluation. A new medical evaluation form will be completed at an upcoming appointment on 10/25/11 and administrator will ensure that assessment is again updated at that time as well. (see attached) The administrator was reviewed all current assessments to ensure all diagnoses from the medical evaluation are included on the assessment. The administrator was reviewed all new assessments to ensure they are completed within 30 days, including all diagnoses from the medical evaluation. 10/26/11 JMD	Steps have been taken to correct violation; full compliance is not verifiable 10/26/11 Initials (DPW) DAG

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

NAME AND ADDRESS OF PERSONAL CARE HOME GARDEN VIEW MANOR, 441 SWISSVALE AVENUE PITTSBURGH, PA 15221		CURRENT LICENSE NUMBER 440690		
INSPECTION DATES (Include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Michael Marini, Diane Whitney		
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 10/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-26-11	
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 5's medical evaluation form dated 12/26/2010 indicated the resident had difficulty understanding directions in an evacuation. The assessment dated 2/14/2011 indicates the resident is mobile. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center">Western Region</p> <p align="center">OCT 21 2011</p> <p align="center">Adult Residential Licensing</p> </div>	10/25/11	This resident in fact does not, nor has ever, had difficulty understanding directions in an evacuation. The physician appears to have incorrectly selected this on the medical evaluation. A new medical admission form has been requested from the resident's PCP. This appointment is scheduled to occur on 10/25/11. Administrator will review all newly completed medical evaluations to ensure that they are completed correctly.	10-26-11 

11-30-11 the administrator will review all current medical evaluations and assessments to ensure they correctly identify any mobility needs. 10-26-11 