

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ORION PERSONAL CARE CORPORATION

To operate ORION PERSONAL CARE

Located at 2191 FERGUSON ROAD, ALLISON PARK, PA 15101

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 25
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

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 January 20, 2012 until January 20, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 431260

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

FEB 07 2012

Ms. Carin Constantakis, President
Orion Personal Care Corporation
2191 Ferguson Road
Allison Park, Pennsylvania 15101

Dear Ms. Constantakis:

As a result of the Department of Public Welfare's licensing inspection on November 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.

The license indicates the home's recent change in the name from Orion Assisted Living Residence to Orion Personal Care Corporation.

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

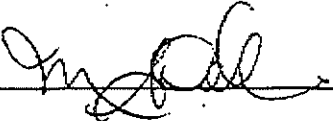
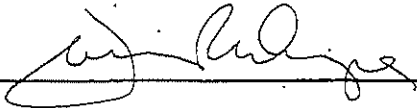
Sincerely,


A handwritten signature in cursive script that reads "Ronald Melusky" followed by a small flourish.

Ronald Melusky
Director


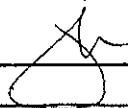
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 11/02/2011		REGIONAL REPRESENTATIVE L. Mazza, B. McAfee	
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 1-9-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/13/12

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, hired on 3/29/11, lived in Pennsylvania for 9 months, and lived out of the country prior to that. An FBI criminal background check was not completed on staff member A.	1/9/12	See Page 2A	 1/13/12

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(relating to protective services for older adults) and other applicable regulations.				

Orion Personal Care Residence
Inspection Violation Report
January 9, 2012

Jan 13/12

#1. Regulation 51/52

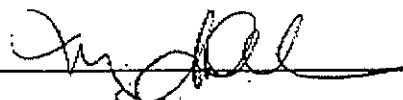

11/02/2011 Staff person was suspended on 11/02/2011. She was informed that she will remain suspended until the clearance arrives from the FBI. In the future no staff person will be hired unless they have their clearance with the FBI prior to employment with paperwork to substantiate it.


12/06/2011 FBI Clearance arrived and staff person was cleared. See attached.

A. O'Callaghan

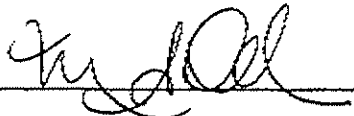

1-9-2012

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	<p>Direct care staff person A was hired on 3/29/11. Staff person A does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.</p> <p>Direct care staff person B was hired on 8/15/11. Staff person B does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.</p> <p>Repeated Violations: 10/08/2010</p> <p align="center" style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg);">WITHDRAWN</p>	1/9/12	See Page 4A	 1/13/12

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

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services with reasonable skill and safety.	WITHDRAWN			

Page 4A of 15
1/13/12

#2. Regulation 54A

11/15/2011 Direct Care staff persons mentioned are students at La Roche College. Waivers were filled out along with their letters from the registers office demonstrating their enrollment with the college.

12/06/2011 The Waiver request was return stating that our documentation Orion provided confirms and exceeds the requirement for a high school diploma. (See attached copy of 1 of the 4 letters)



We will continue to require letters from the registers office confirming the students are currently enrolled.


with waiver

Stall

1-9-2012

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57c Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.	On 10/30/11 there were 19 residents in the home, all of whom have mobility needs. A minimum total of 28.5 of hours of direct care staff during daytime hours was required, however, only 28 hours of direct care staffing was provided.	1/9/12	See Page 5A	 1/13/12

Jan 1/13/12

#3. Regulation 57C

12/16/2011 Based on Orion's calculation at the time of the inspection, home was in compliance with direct care staffing. See attached letter date 12/16/2011

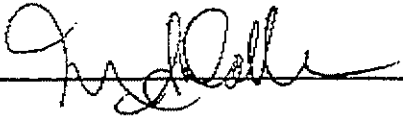

January 16, 2012 Home is in the process of having M.D.'s update / modify ^{medical evaluations} MA-55s to reflect actual resident ^{mobility of care} needs of either personal care vs secure dementia unit. Please see updated "Annual Secure Consent Form" which will be completed for each resident. See attached form.


January 9, 2012 Home will provide at least 2 hours of direct care daily to residents with mobility needs. Home will on goingly evaluate residents mobility need to ensure adequate staff hours.



1-9-2012

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123d If the home serves one or more residents with mobility needs above or below grade level of the home there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.	The second floor of this secured dementia unit currently has 3 residents with mobility needs. The second floor does not have a fire safe area specified in writing within the past year by a fire safety expert.	1-9-12	See Page 6A	Steps have been taken to correct violation; full compliance is not verifiable 1/13/12 Date  Initials (UPW)

Page 6A of 15
J 1/13/12



#4. Regulation 123D Jan. 30, 2012


On December 16, 2011, Owners, [REDACTED] and [REDACTED] Building Inspector / Fire Safety Expert, [REDACTED] and [REDACTED] had a conference call with John Kimberland. It was concluded that Orion is permitted to make second floor room #14 a designated "fire safe" area after the room modifications are completed. [REDACTED] will do a final inspection and complete the DPW Fire Safety Inspection form and Orion will fax it to DPW. January 12, 2012 completion date. See attached letter dated 12/16/2011

[Handwritten Signature]


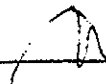
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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the following dates does not indicate the exact minutes and seconds of the drills: <ul style="list-style-type: none"> ▪ 4/6/11-2 minutes ▪ 6/29/11-2 minutes ▪ 7/28/11-2 minutes ▪ 9/23/11-5 minutes ▪ 10/25/11-2 minutes 	1/9/12	See Page 8A	 1/13/12

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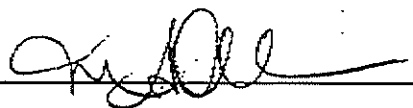

JM 11/3/12

#5. Regulation 132C

December 15, 2011 Fire Drills will be performed with a stop watch each month and the timing will be very specific including seconds. A Stop Watch Application was downloaded onto [redacted] phone and will be used for each fire drill.

Stall
1-9-2012

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

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	According to the fire drill logs, resident #1 refused to evacuate during the fire drill on 7/28/11. No other fire drills were conducted during the month of July, 2011.	1/9/12	See Page 9A	Steps have been taken to correct violation; full compliance is not verifiable 11/13/12 Date Initials (DPW)																																																																	
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Jan 1/13/12

#6. Regulation 132H

December 15, 2011 Any monthly fire drill that is conducted and a resident is unable to participate for any reason a new fire drill will be conducted. This rule will be clearly written at the bottom of the fire drill record form. (see attached)


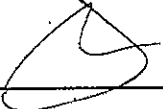
The administrator will counsel the resident whenever possible and determine other methods that will ensure resident compliance with evacuation requirements.

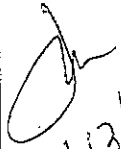
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1-9-2012

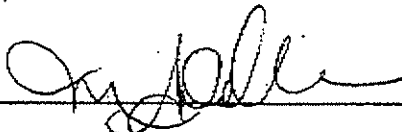

Jan 17, 2012

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SIGNATURE OF LEGAL ENTITY 	DATE 1-9-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/13/12

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	The medical evaluation for resident #2, dated 4/28/11, is blank under the medical diagnosis and medical history sections.	1/9/12	See Page 11A	 1/13/12

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 11/02/2011		REGIONAL REPRESENTATIVE L. Mazza, B. McAfee	
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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
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.				

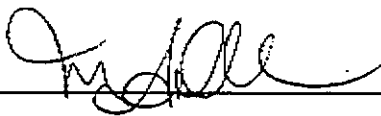

[Signature]
7/13/12


#7. Regulation 141A

December 15, 2011 Resident #2 was an emergency admission and [redacted] had not visited with a doctor for over 10 years. [redacted] new physician provided Orion with a new ^{medical evaluation on 12/15/11} MA 55 reflecting [redacted] diagnosis. (see attached.) In the future doctors will be asked to diagnosis a resident upon their first visit and clearly mark it in the MA 55. The office Manager and Administrator will review new files to confirm proper dates and sign off on it at the completion of the file.

1-9-2012

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 11/02/2011		REGIONAL REPRESENTATIVE L. Mazza, B. McAfee	
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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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	<p>Resident #3's current medical evaluation is dated 1/12/11. Resident #3 was ordered hospice services on 4/13/11. A new medical evaluation was not completed to reflect this significant change.</p> <p>Resident #4's current medical evaluation is dated 8/24/11. Resident #4 was ordered hospice services on 10/11/10. A new medical evaluation was not completed to reflect this significant change and the current medical evaluation does not indicate hospice services.</p>	1/9/12	See Page 12A	 1/13/12

Jaw 1/13/12

#11 Regulation 141B2



December 1, 2011 Residents # 3 and #4's physicians completed new medical evaluation forms that reflect their significant change requiring hospice. A reminder note was made permanent to our files as a reminder that a new ^{medical evaluation} MA 55 is required when a resident has a significant change requiring hospice and the ^{medical evaluation form} MA 55 will clearly state "hospice". (see attached)

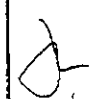
Jaw 1/13/12

Angie Ralle

1-9-2012

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 11/02/2011		REGIONAL REPRESENTATIVE L. Mazza, B. McAfee	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
	1/9/2012		1/13/12

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
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's current assessment is dated 1/12/11. Resident #3 was ordered hospice services on 4/13/11. A new assessment was not completed to reflect this significant change. Resident #4's current assessment is dated 6/8/11. Resident #3 was ordered hospice services on 10/11/10. An assessment was not completed to reflect this significant change.	1/9/12	See Page 13A	 1/13/12

Jan 11/13/12



#10 Regulation 225C


December 1, 2011 Residents #3 and #4's had new assessments completed to reflect their significant change requiring hospice. A reminder note was made permanent to our files as a reminder that a new assessment is required when a resident has a significant change requiring hospice and the assessment will clearly state "hospice" and the services they will provide.

Angie Oelle

1-9-2012

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
INSPECTION DATES (Include all dates of the inspection) 11/02/2011		REGIONAL REPRESENTATIVE L. Mazza, B. McAfee	
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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
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's current support plan is dated 1/12/11. Resident #3 was ordered hospice services on 4/13/11. A new support plan was not completed to reflect this significant change. Resident #4's current support plan is dated 7/2/11. Resident #4 was ordered hospice services on 10/11/10. A new support plan was not completed to reflect this significant change.	11/9/12	See Page 14A	 11/13/12


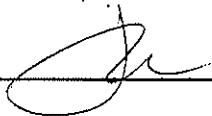
#9 Regulation 227c

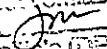
Residents #3 and #4 had a new care plan completed to reflect their significant change requiring hospice. A reminder note was made permanent to our files as a reminder that a new care plan is required when a resident has a significant change requiring hospice and the care plan will clearly state "hospice" and the services they will provide.

Angie Dale

1-9-2012

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

NAME AND ADDRESS OF PERSONAL CARE HOME ORION ASSISTED LIVING RESIDENCE, 2191 FERGUSON ROAD ALLISON PARK, PA 15101		CURRENT LICENSE NUMBER 431260	
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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
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident 4 was admitted to the Secure Dementia Care Unit on 6/8/10. The resident's cognitive preadmission screening was not completed until 6/12/10. Repeated Violations: 10/08/2010	11/9/12	See Page 15A	Steps have been taken to correct violation; full compliance is not verifiable 11/13/12  DPW

[Signature] 1/13/12

#8 Regulation 231 C

December 1, 2011 Resident 4's Preadmission screen was redone to reflect the proper dates and the Office Manager and Administrator will review new files to confirm proper dates and sign off on it at the completion of the file.

All residents will have a written cognitive screening within 72 hours prior to admission. The cognitive screening will be performed by a physician or geriatric assessment team and documented on the Department's preadmission screening form.

[Signature] 1/13/12

[Signature]

1-9-2012