

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PITTSBURGH LIFETIME CARE COMMUNITY

LEGAL ENTITY

To operate SHERWOOD OAKS

NAME OF FACILITY OR AGENCY

Located at 100 & 500 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066

(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 77
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 30

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 December 8, 2011 until December 8, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 457760

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

JAN 12 2012

Mr. Mark D. Bondi, President/CEO
Pittsburgh Lifetime Care Community
100 Norman Drive
Cranberry Township, Pennsylvania 16066

RE: Sherwood Oaks
100 & 500 Norman Drive
Cranberry Township, Pennsylvania 16066

Dear Mr. Bondi:

As a result of the Department of Public Welfare's licensing inspection on November 17, 2011 and November 21, 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 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 SHERWOOD OAKS, 100 & 500 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
INSPECTION DATES (Include all dates of the inspection) 11/17/2011, 11/21/11		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Barbara Voznik R.D. PCHA			
SIGNATURE OF LEGAL ENTITY Barbara Voznik R.D. PCHA	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Joe J. Pazzino (JPP)	DATE 12-13-11

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>-On 9/23/2011, Resident #1 had an unwitnessed fall in the bedroom. Staff found the resident's head against the closet door and the resident claimed to have hit his/her head hard. The resident complained of foot pain, back pain and a lump on the back of the head so the resident was sent to the ER for evaluation and treatment. This incident was never reported to DPW.</p> <p>-On 8/5/2011, Resident #2 fell to the ground as the scooter he/she was on tipped over. The resident sustained a skin tear to the right forearm and an abrasion where his/her head hit the ground. The resident was sent to the ER for evaluation and treatment. This incident was never reported to DPW.</p> <p align="center">Western Region</p>	12-15-11	<p>All serious bodily injuries requiring treatment at a hospital and/or medical facility will be reported to the Department's personal care home regional office or the complaint hotline within 24 hours in the manner designated by the Department.</p> <p>The Charge Nurse will complete the initial report and fax the report within 24 hours to the Department's personal care home regional office. She will inform the Administrator or designee of the injury. The Administrator or designee will assure that the report was completed correctly and that the final report if necessary is completed and faxed.</p> <p>All reportable incidents will be reviewed quarterly as part of the Risk Management Meeting. The Administrator will review the incidents for proper reporting, prevention of injuries and investigation of injuries.</p> <p>The guidelines and policy for reportable incidents will be reviewed with staff members at mandatory inservices on</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/13/11 Date / Initials (DPW)</p>

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

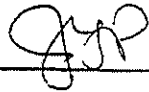
NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 & 500 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Barbara Wojnicki RD PHA</i>		DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 12-13-11

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for Resident #3, Resident #4 and Resident#5 were not signed by the residents. <p align="center">Western Region</p> Adult Residential Licensing	12-6-11	<p>The contracts for Resident #3, Resident #4, and Resident #5 were signed by the residents on 12-6-11.</p> <p>All resident contracts will be signed by the administrator or designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.</p> <p>This will be completed within 24 hours of admission.</p> <p>The Administrator or a designee will be informed of all admissions and will ensure that a written home contract is reviewed, explained and signed by the resident prior to, or within 24 hours after admission.</p> <p>A Resident Contract Policy has been reviewed and revised on 12-6-11.</p> <p>See enclosure.</p> <p>The contract is carried as part of the newly devised 24 hour chart card to be reviewed by the administrator or designee following each admission.</p>	<i>[Signature]</i> 12-13-11

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SIGNATURE OF LEGAL ENTITY <i>Barbara Virginia R.J. PLHA</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i>	DATE 12-13-11


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
<p>54a</p> <p>Direct care staff persons shall have the following qualifications:</p> <p>(1) Be 18 years of age or older, except as permitted in subsection (b).</p> <p>(2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.</p> <p>(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>	<p>The home does not have direct care qualifications for the following staff persons :</p> <p>A hired 3/7/11 B hired 11/7/11 C hired 12/6/10 D hired 7/5/11 E hired 1/03</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">Western Region</p> <p style="text-align: center; font-size: 1.5em; opacity: 0.5;">Adult Residential Licensing</p>	<p style="font-size: 1.5em;">12-7-11</p>	<p><i>The Direct Care Staff Qualification policy and procedure was reviewed and revised on 12-7-11.</i></p> <p><i>All new hires must provide proof of a high school diploma, GED, or active registry status on the Pennsylvania Nurse Aide Registry prior to their first working day.</i></p> <p><i>The Human Resources Department will place a copy of the diploma or certificate in their employee file.</i></p> <p><i>Employee A, B, E have provided diplomas and/or proof of high school graduation.</i></p> <p><i>Employee D has requested high school transcripts which will be sent to the administrator. She does provide a copy of her college diploma.</i></p> <p><i>Employee C attended GED classes; however did not take the test. She previously worked at our facility for 12 years</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right; font-size: 0.8em;">Date: 12/13/11 Initials: (DPW)</p>


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

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SIGNATURE OF LEGAL ENTITY <i>Barbara Logan RD PHA</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

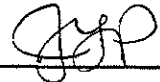
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services with reasonable skill and safety.	Western Region Adult Residential Licensing		<p><i>in the capacity of a CNA on our skilled nursing unit. Her CNA license is lapsed.</i></p> <p><i>She agrees to enroll in the next available GED course available and provide proof of this to her employer. She agrees to complete and obtain her GED certificate in the next 6 months with the knowledge that the home will terminate her employment if the GED is not obtained.</i></p>	


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SIGNATURE OF LEGAL ENTITY <i>Walter Brynki R. Pitt</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

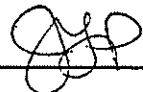
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105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	There was a 1/4 inch build up of dryer lint on the lint trap of the dryer in the SDCU portion of the home. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	12-7-11	<p><i>Signs have been posted near all dryers on the Personal Care Units which remind the staff to "remove lint from lint traps after every cycle."</i></p> <p><i>The staff were inserviced by the Administrator on 12-7-11 regarding the hazards of dryer fires due to lint accumulations in the lint trap.</i></p> <p><i>Dryer fire hazards will be included in the yearly fire safety training by our fire safety expert.</i></p> <p><i>The Administrator or designee will make unit rounds unannounced twice weekly on all units and check the dryers for lint in the lint traps. If noted, an inservice will be done immediately with all staff.</i></p> <p><i>See enclosed photo.</i></p>	 12-13-11


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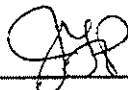
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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures are not posted in a conspicuous and public place in the home. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>		The home's emergency procedures were posted and will remain beside the bulletin board in the hallway on the Personal Care Unit. The Administrator or designee will make unit rounds twice a week to assure that the emergency procedures are posted. If the emergency procedures are missing they will be replaced immediately. <p style="text-align: center;">see photo</p>	 12-13-11

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SIGNATURE OF LEGAL ENTITY <i>Barbara Lynette R. P. P. P.</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11


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132f Alternate exit routes shall be used during fire drills.	<ul style="list-style-type: none"> -Residents on the second floor of the SDCU have evacuated to the connector corridor for every drill since 12/17/2010. -Residents on the first floor of the SDCU have evacuated to the lobby area for every drill but one since 10/11/2010. -Residents on the personal care unit have been evacuated behind the front hall fire doors for every drill but one since 12/17/10. <p style="text-align: center; font-size: 2em; opacity: 0.5;">Western P...</p> <p style="text-align: center; font-size: 1.2em;">Adult Residential Licensing</p>	12-8-11	<p>A meeting was held with our Director of Security/Environmental Services on 12-8-11 to discuss the violation. This department is responsible for arranging and executing the monthly fire drills and determines the location of the fire site each month.</p> <p>Alternate exit routes will be used during fire drills. The facility will use and vary all of the fire safe exits as designated by our Fire Safety Expert during his yearly visit on 12-12-11.</p> <p>Mandatory staff meetings will be held on 12-14-11 and 12-15-11 to review and discuss this violation and the home's plan of correction.</p> <p>The Administrator will review each</p>	 12-13-11


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SIGNATURE OF LEGAL ENTITY <i>Andrew Wyzniewski RJ PLHA</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

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	<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/27/2011</td><td>12:30 PM</td><td>3 min 0 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/27/2011</td><td>09:40 PM</td><td>4 min 15 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/24/2011</td><td>02:10 AM</td><td>3 min 25 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/11/2011</td><td>10:55 AM</td><td>2 min 45 sec</td><td>No</td></tr> <tr><td>May</td><td>05/18/2011</td><td>09:25 AM</td><td>4 min 40 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/24/2011</td><td>01:41 AM</td><td>4 min 50 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/11/2011</td><td>10:03 AM</td><td>3 min 0 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/24/2011</td><td>09:15 PM</td><td>2 min 10 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/22/2011</td><td>01:48 AM</td><td>3 min 30 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/10/2011</td><td>02:23 PM</td><td>4 min 40 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2010</td><td>09:10 PM</td><td>3 min 15 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/17/2010</td><td>01:20 AM</td><td>4 min 35 sec</td><td>No</td></tr> </tbody> </table> <p align="center" style="font-size: large; margin-top: 20px;">Western Region</p> <p align="center" style="font-size: large; margin-top: 20px;">Adult Residential Licensing</p>	Mont	Date	Time	Evac. Time	FSE	Jan	01/27/2011	12:30 PM	3 min 0 sec	No	Feb	02/27/2011	09:40 PM	4 min 15 sec	No	Mar	03/24/2011	02:10 AM	3 min 25 sec	No	Apr	04/11/2011	10:55 AM	2 min 45 sec	No	May	05/18/2011	09:25 AM	4 min 40 sec	No	Jun	06/24/2011	01:41 AM	4 min 50 sec	No	Jul	07/11/2011	10:03 AM	3 min 0 sec	No	Aug	08/24/2011	09:15 PM	2 min 10 sec	No	Sep	09/22/2011	01:48 AM	3 min 30 sec	No	Oct	10/10/2011	02:23 PM	4 min 40 sec	No	Nov	11/30/2010	09:10 PM	3 min 15 sec	No	Dec	12/17/2010	01:20 AM	4 min 35 sec	No		<p>fire drill report for exit locations when documenting the drill on the fire drill records.</p> <p>The fire drill record with response times and exit routes will be reviewed at the quarterly Risk Management meetings and documented in the Quality Management Plan.</p> <p>Yearly staff education will be provided by our Fire Safety Expert regarding alternate exit routes.</p> <p>It on review of monthly fire drill reports it is noted that alternate exit routes are not being used, the Administrator will contact our Fire Safety Expert for assistance with intensive staff review and further training.</p>	
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SIGNATURE OF LEGAL ENTITY <i>Antonia Ignacia Rd PHHA</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

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
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 6/3/2011, does not address mobility needs or dietary needs. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Adult Residential Licensing</div>		The medical evaluation for Resident #2 has been reviewed and corrected with mobility and dietary needs. All medical evaluations will include the criterion specified in regulation 141a. A new policy and procedure was developed for medical evaluation requirements and placed in the Policy and Procedure Manual located on each Personal Care Unit. The policy and procedure will be reviewed and discussed with staff members at mandatory staff meetings which will be held on December 14, 2011 and December 15, 2011. See enclosed policy.	 12-13-11


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SIGNATURE OF LEGAL ENTITY <i>Brian Lynch R3 PLHA</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12-13-11

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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #5 was ordered hospice services on 9/3/2011. No new medical evaluation was completed. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	12-9-11	<p>All residents will have a medical evaluation by a physician, physician's assistant or a certified registered nurse practitioner documented on a form specified by the Department within 60 days prior to admission or within 30 days after admission.</p> <p>A resident will have a medical evaluation at least annually and if the condition of the resident changes prior to the annual medical evaluation.</p> <p>The administrator will meet with all charge nurses responsible for resident assessments on December 14, 2011 and December 15, 2011 to discuss the violation and what constitutes a "change in condition".</p> <p>All charge nurses will keep the administrator or designee informed of any resident's change in condition.</p> <p>All residents starting hospice services will be reevaluated.</p>	<i>[Signature]</i> 12-13-11


See enclosed policy.


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

NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 & 500 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
INSPECTION DATES (Include all dates of the inspection) 11/17/2011, 11/21/11		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
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>Butane Logistics RE PLM</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

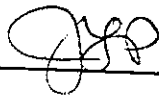
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
223a The home shall have a current written description of services and activities that the home provides including the following: (1) The scope and general description of the services and activities that the home provides. (2) The criteria for admission and discharge. (3) Specific services that the home does not provide, but will arrange or coordinate.	The home's current written description of services does not include the criteria for admission and discharge. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	12-9-11	A policy providing a current written description of services and activities that the home provides including the following: Scope and general description of services and activities that the home provides, the criterion for admission and discharge, and specific services that the home does not provide but will arrange or coordinate was written on 12-5-11. The policy will be reviewed yearly. The policy will be updated as any changes occur with services. The policy is in the Policy and Procedure manuals located on each Personal Care Unit. The policy was reviewed with the staff at mandatory staff meetings to be held on December 14, 2011 and December 15, 2011.	12-13-11


See enclosed policy

NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 & 500 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
INSPECTION DATES (Include all dates of the inspection) 11/17/2011, 11/21/11		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
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>Barbara Wojnicki RN PLHA</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

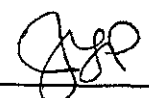
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented 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.	The initial assessment of Resident #2, dated 5/27/11, does not assess the resident's ability to see or hear and does not address any special health or dietary needs. Resident #2 has a diagnosis of Depression, however, the assessment indicates that the resident has "no problem" with depression.	12-6-11	The written initial assessments of Resident #2 was reviewed and updated with the resident's ability to see and hear, special health and dietary needs and history of depression on 12-6-11. A written initial assessment that is documented on the Department's assessment form will be completed within 15 days of admission by the administrator or designee. A chart audit will be done by the administrator or designee on each new resident to assure that all required forms are in compliance with state regulations. Results of the chart audits will be reviewed and discussed at the quarterly Risk Management meetings and documented in the Quality Management plan. Staff education will be performed if it is noted during audits that information is missing or incomplete.	 12-13-11
	Western Region Adult Residential Licensing			

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

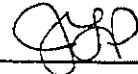
NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 & 500 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
INSPECTION DATES (Include all dates of the inspection) 11/17/2011, 11/21/11		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
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SIGNATURE OF LEGAL ENTITY <i>Patricia Dymit RD; Petra</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

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
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	Resident #3 was admitted to the SDCU on 8/18/2011. The initial support plan was not completed until 8/23/2011 which exceeds the 72 hour limit. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	12-9-11	<p>A support plan will be developed for each new resident admitted to our SDCU within 72 hours of, or prior to admission.</p> <p>The support plan will be developed, implemented and documented in the resident record.</p> <p>A chart audit will be done by the administrator or designee on each new resident to assure that the support plan is completed within the required 72 hours.</p> <p>Results of the chart audits will be reviewed and discussed at the quarterly Risk Management meetings and documented in the Quality Management Plan.</p> <p>Staff education will be provided by the administrator if it is noted that the support plans have not been completed within 72 hours. Mandatory staff education on December 14, 2011 and December 15, 2011 will review and discuss this violation.</p>	 12-13-11

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

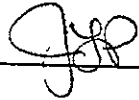
NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 & 500-NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
INSPECTION DATES (Include all dates of the inspection) 11/17/2011, 11/21/11		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert Legnicki for PCWA</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

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
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	<h2 style="margin: 0;">Western Region</h2>		<p><i>Administrator or designee to assure regulatory compliance.</i></p> <p><i>These audits will be reviewed at the quarterly facility Risk Management meeting and documented in the Quality Management Plan. Correction measures such as further staff education will be done if inventories are not completed properly or on time.</i></p> <p><i>A resident record policy and procedure was developed and placed in the Policy and Procedure Manuals on each Personal Care Unit.</i></p> <p><i>This policy will be reviewed and discussed at the mandatory staff meetings which will be held on December 14, 2011 and December 15, 2011.</i></p>	

NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 & 500 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
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SIGNATURE OF LEGAL ENTITY <i>Gerardo Lognani RJ AKA</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

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
(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			

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

NAME AND ADDRESS OF PERSONAL CARE HOME SHERWOOD OAKS, 100 & 500 NORMAN DRIVE CRANBERRY TOWNSHIP, PA 16066		CURRENT LICENSE NUMBER 457760	
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SIGNATURE OF LEGAL ENTITY <i>Barbara Zymek RD PLHA</i>	DATE 12-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-13-11

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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	<p style="font-size: 1.2em; margin: 0;">Western Region</p> <p style="margin: 10px 0 0 0;">Adult Residential Licensing</p>			