

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ASBURY PLACE, INC.

LEGAL ENTITY

To operate ASBURY PLACE

NAME OF FACILITY OR AGENCY

Located at 760 BOWER HILL ROAD, PITTSBURGH, PA 15243

(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 42  
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 42

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 21, 2011 until December 21, 2012,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 431550

*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 08 2012

Ms. Erica Gevaudan, Administrator  
Asbury Place, Inc.  
Asbury Place  
760 Bower Hill Road  
Pittsburgh, Pennsylvania 15243

Dear Ms. Gevaudan:

As a result of the Department of Public Welfare's licensing inspection on November 29, 2011 and November 30, 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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ASBURY PLACE, 760 BOWER HILL ROAD PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 431550	
INSPECTION DATES (Include all dates of the inspection) 11/29/2011 11/30/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Diane Whitney, Lisa V. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Erica Gevaudan, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Erica Gevaudan</i>	DATE 12/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/5/12

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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person A did not complete 12 hours of annual training in training year January 2010 - December 2010.  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</p> <p style="text-align: center; font-size: 0.8em;">DEC 21 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	12/20/11	All staff will receive 12hrs of training annually. Staff Person A unable to complete training for 2010 but did complete training in 2011 (see enclosed) to show compliance.  Human Resources will send quarterly reports to Administrator to monitor staff training hours and compliance.  Results will be discussed at Quality Mgmt (QM) meetings.	<i>[Signature]</i> 1/5/12





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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Lisa Swaudan</i>	DATE 12/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/5/12

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
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The trash can in the shared bathroom located in Room #112 does not have a lid.  Observed on 11/30/11.	11/30/11	Lid for trash can found + replaced during inspection. (see enclosed photo for verification)  All shared bathrooms will have a lid and will be monitored by housekeeping weekly.  Administrator/designee will monitor monthly on attached audit. Results will be reported at QM meetings.	1/5/12
<p><b>Western Region</b></p> <p>DEC 21 2011</p> <p>Adult Residential Licensing</p>				

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Bed #1 in room #324 does not have a source of light that can be turned on/off from bedside.  Observed on 11/30/11.  <b>Western Region</b>  DEC 21 2011  Adult Residential Licensing	12/19/11	Resident in rm 324D given a new table so lamp could be closer + accessible from [redacted] bed. (see attached photo).  Bedside lamp audit will be conducted weekly by housekeeping + returned to Administrator for review. (see attached).  * Please note we had the lamp on a stand near [redacted] bed but inspector did not feel it was close enough to be accessible.	 1/5/12

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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
103g Food shall be stored in closed or sealed containers.	<p>The following items were opened and unsealed in the Green House kitchen:</p> <ul style="list-style-type: none"> <li>• A package of bacon in the refrigerator freezer</li> <li>• A bag of bread in the bread drawer</li> </ul> <p>Observed on 11/30/11.</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="text-align: center;">DEC 21 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	12/19/11	<p>Bacon placed in sealed tupper-ware containers (see attached photo).</p> <p>Bread sealed with twist ties (see enclosed photos).</p> <p>Staff inservice held + discussed the importance of any open items in the refrigerator/freezer stored in closed containers and all breads securely closed.</p> <p>Ziplock bags also provided in kitchen areas. (see sign-in sheet).</p> <p>Adm./designee will check kitchen areas monthly + document on attached audit.</p> <p>Any issues will be discussed at QM meetings.</p>	 1/5/12

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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 drill conducted on 3/24/11 does not include the number of staff that participated.  <p style="text-align: center; font-size: 1.2em;"><b>Western Region</b></p> <p style="text-align: center;">DEC 21 2011</p> <p style="text-align: center;"><b>Adult Residential Licensing</b></p>	<del>11</del> 11/30/11	Form completed while inspectors were here. * Please note that the Maintenance Dept's copy was completely filled out. (See attached). Spoke with Maintenance Supervisor about the importance of log being filled out completely before giving Adm. a copy. Administrator will monitor log each month after each drill to verify completeness & compliance.  * Corrected log attached with Dec. 2011's drill to show on-going compliance.	<i>2</i> 1/5/12


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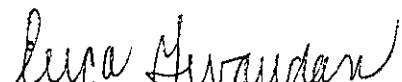

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general 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 #1, dated 7/21/11, does not include immunization history.  <p style="text-align: center; font-size: 1.2em;">Western Region</p>  <p style="text-align: center;">Adult Residential Licensing</p>	12/8/11	Medical Eval returned to physician to complete immunization history (see attached med eval).  Resident Care Director will review all medical evaluations for completeness and address any issues with their attending physician immediately.  Administrator will also spot check med evals during quarterly chart audits.  Results will be reported at QM mtgs.	 1/5/12

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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.	<h2 style="margin: 0;">Western Region</h2> <p style="margin: 10px 0 0 0;">Adult Residential Licensing</p>			



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187d The home shall follow the directions of the prescriber.	Resident #3 is prescribed Novolin R inj u-100 on a sliding scale:  Blood sugar level - Insulin dosage <ul style="list-style-type: none"> <li>• 131 - 180 - 2 units</li> <li>• 181 - 240 - 4 units</li> <li>• 241 - 300 - 6 units</li> <li>• 301 - 350 - 8 units</li> <li>• 351 - 400 - 10 units</li> <li>• For blood sugar &gt; 401, Call Physician</li> </ul> Records indicate on 11/4/11 at 6:00am, Resident #3's blood sugar reading was 130. The medication administration record indicates 2 units were given, when no units were indicated according to the sliding scale.  <b>Western Region</b>	12/20/11	Reportable incident report sent on 11/30/11 following inspection (when we became aware of error - see attached).  Nurses/med techs instructed on sliding scale insulin (see attached sign-in sheet).  Also attached is Decemuser's flow sheet for resident #3 to demonstrate compliance.  Resident Care Director will monitor flow sheets monthly for compliance at report at QM meetings.	1/5/12



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SIGNATURE OF LEGAL ENTITY <i>Luis Guadalupe</i>	DATE 12/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>On</i>	DATE 1/5/12

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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.	<p>The medical evaluation, completed 7/21/11, for Resident #1 indicates the resident has diagnoses of delirium, constipation, urinary retention, recurrent UTI's, CAD, HTN, hyperlipidemia, microscopic hematuria, osteopenia and GERD, which are not listed on the assessment, completed 7/24/11.</p> <p>The assessment, completed 7/24/11, for Resident #1 is not signed by the staff person who completed the form.</p> <p>The medical evaluation, completed 10/22/11, for Resident #3 indicates the resident has diagnoses of diabetes mellitus and osteoporosis, which are not indicated on the assessment, completed 10/22/11.</p> <p>The medical evaluation, completed 3/8/11, for Resident #4 indicates the resident has diagnoses of DJD, macular degeneration and left ear hearing loss, which are not listed on the assessment, completed 3/11/11.</p>	<p>12/19/11</p> <p>12/19/11</p> <p>By 1/31/12</p>	<p>Assessments for residents 1,3,4,5,6,7 updated to reflect all diagnosis on current Med Evais (see attached).</p> <p>Assessment for resident #1 signed by staff member who completed it. (see attached).</p> <p>All assessments will be reviewed by Adm/designee for completeness, accuracy and signatures to ensure all diagnosis listed on med eval are included on the assessment.</p> <p>* Also included is an assessment on a new admission to show on-going compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/19/11 <i>dm</i></p> <p>Date Initials (LPI)</p>

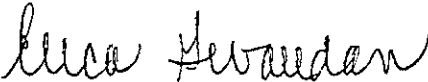

Western Region


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	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> ✓ The medical evaluation, completed 6/2/11, for Resident #5 indicates the resident has a diagnosis of diverticulitis, which is not listed on the assessment, completed 6/9/11.			
	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> ✓ The medical evaluation, completed 6/7/11, for Resident #6 indicates the resident has diagnoses of osteoporosis and depression, which are not listed on the assessment, completed 6/8/11.			
	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> ✓ The medical evaluation, completed 9/28/11, for Resident #7 indicates the resident has a diagnosis of osteoporosis, which is not listed on the assessment, completed 10/4/11.			
	<h3 style="margin: 0;">Western Region</h3>			


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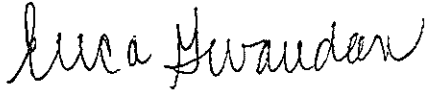

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>Resident #3 has a diagnosis of diabetes mellitus. The resident's support plan does not address how the home will assist the resident in meeting the needs related to this condition.</p> <p>Resident #4 has left ear hearing loss. The resident's support plan indicates to "speak into [redacted] left ear".</p> <p>Resident #6 is ordered on a mechanical soft/ground meal diet. The resident's support plan does not address how the home will assist the resident in meeting the needs related to the special diet.</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	12/20/11	<p>Support plans for resident 3-4 updated to reflect accurate information. (see enclosed).</p> <p>*Please re-eval resident #6 as [redacted] is NOT on a mechanical soft diet. [redacted] is on a regular diet. (I have included [redacted] Med Eval + our special diet list for verification. We have no new orders for a diet change).</p> <p>Going forward, all support plans will address how the facility will assist the resident in meeting their needs accurately.</p> <p>Support plans will be audited quarterly by Adam during chart audits.</p>	 1/5/12

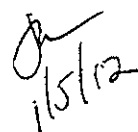
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ASBURY PLACE, 760 BOWER HILL ROAD PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 431550	
INSPECTION DATES (Include all dates of the inspection) 11/29/2011, 11/30/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Diane Whitney, Lisa V. Flinner-Alman	
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 12/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/5/12

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
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #8, admitted to the SDCU on 1/10/11, had a medical evaluation on 1/13/11.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	12/20/11	All residents will have a medical eval prior to being admitted to SDCU. Admissions Coordinator will not schedule any admissions until a complete med eval has been approved by Adm / designee.  *Med Eval for new admission enclosed to show ongoing compliance. Res. admitted on 12/12/11 - Med eval dated 12/9/11.	 1/5/12

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

NAME AND ADDRESS OF PERSONAL CARE HOME ASBURY PLACE, 760 BOWER HILL ROAD PITTSBURGH, PA 15243		CURRENT LICENSE NUMBER 431550	
INSPECTION DATES (Include all dates of the inspection) 11/29/2011 , 11/30/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Diane Whitney, Lisa V. Flinner-Alman	
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 12/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/5/12

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
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	On 11/30/11, an e-mail containing medical diagnosis and personal information for Resident #9 was unlocked and accessible in a drawer in the Brown House kitchen.  <p style="text-align: center; font-size: 1.2em;">Western Region</p>  <p style="text-align: center;">Adult Residential Licensing</p>	12/20/11  By 1/31/12	All papers with personal information were removed during inspection. Staff instructed on the importance of keeping private resident information in a secure location (locked utility rooms). (see attached sign-in sheet) Adm/designee will perform monthly audits on attached form and report findings at Quality Mgmt. meetings.	 1/5/12