

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NORTHVIEW ESTATES LIMITED PARTNERSHIP

LEGAL ENTITY

To operate NORTHVIEW ESTATES

NAME OF FACILITY OR AGENCY

Located at 945 BORDER AVENUE, ELLWOOD CITY, PA 16117

(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 75
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 10

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 24, 2011 until December 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 404990

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 27 2012

Mr. Thomas J. George, VP of Assisted Living
Northview Estates Limited Partnership
106 East North Street
New Castle, Pennsylvania 16101

RE: Northview Estates
945 Border Avenue
Ellwood City, Pennsylvania 16117

Dear Mr. George:

As a result of the Department of Public Welfare's licensing inspection on December 22, 2011 and December 29, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

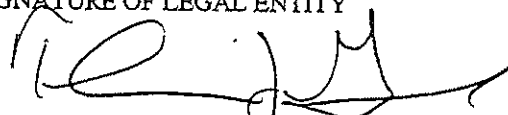
Sincerely,

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 NORTHVIEW ESTATES, 945 BORDER AVENUE ELLWOOD CITY, PA 16117		CURRENT LICENSE NUMBER 404990	
INSPECTION DATES (Include all dates of the inspection) 12/22/2011, 12/29/11		REGIONAL REPRESENTATIVE Brenda McAfee, Nancy Mandock	
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 1-27-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-31-12

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 12/21/11 at 5:00 p.m. resident #2's prescribed Effexor XR 150mg was administered. Staff person A did not document the medication administration until 12/22/11 at 4:00 p.m.	1-27-12	<ol style="list-style-type: none"> 1. Disciplinary action has been rendered against the staff person for failure to follow the facility's policy on documentation of medication administration. 2. Medication administration and documentation policies have been reviewed with the staff person responsible for administering medications. 3. As part of the facility's quality management plan the staff person will be observed weekly for one month to ensure proper medication administration and documentation. All staff administering medications will be observed administering medications monthly for six months to ensure proper administration and documentation of medication. 	1-31-12

Western Region

JAN 28 2012

Adult Residential Licensing