

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to AUSTIN VIRGO, INC.

LEGAL ENTITY

To operate QUALITY ASSISTED CARE, INC.

NAME OF FACILITY OR AGENCY

Located at 3411 NORTH 17TH STREET, PHILADELPHIA, PA 19140

(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 15
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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 May 7, 2012 until May 7, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 193050

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

APR 13 2012

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Austin Virgo, President
Austin Virgo, Inc.
Quality Assisted Care, Inc.
3411 North 17th Street
Philadelphia, Pennsylvania 19140

Dear Mr. Virgo:

As a result of the Department of Public Welfare's licensing inspection on February 15, 2012 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 QUALITY ASSISTED CARE INC, 3411 NORTH 17TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 193050	
INSPECTION DATES (Include all dates of the inspection) 02/15/2012		REGIONAL REPRESENTATIVE Christine McHale, Amy Scharpf	
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>David Lingo</i>	DATE 3/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 3/20/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	The home manages the finances for Resident #1. The home's financial record for Resident #1 does not include current balances or the initials of staff after any of the transactions.	2/16/12	<p><i>THE FINANCIAL Record For Resident #1 NOW does Show Current balance and STAFF initial</i></p> <p><i>To assure Future Compliance Administrator will check behind staff each time money is distributed. Within the first week of each month. Administrator as also Retrain staff of the Importance of Documentation</i></p>	<p style="text-align: center;"><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p style="text-align: center;"><i>3/20/12</i></p> <p style="text-align: center;"><i>DPW</i></p> <p style="text-align: center;">Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Andrew Wigo</i>	DATE 3/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine Miller</i>	DATE 3/20/12

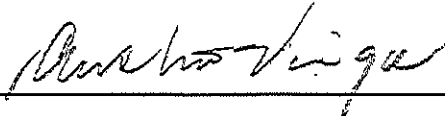
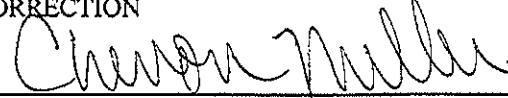
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20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	On 1/3/12, a cash disbursement of \$85.00 was made to Resident #1. The home did not obtain the resident signature for the receipt of the disbursement.	2/16/12	<p>The Home as now obtain the Resident Signature for Receipt of disbursement.</p> <p>To Assure Future Compliance Administrator will check behind staff person each time MONEY is disburse To all Resident for which the Home manages Finances. Administrator AS ALSO Retrain Staff ON The Importance of Documentation</p>	<p>Stops have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date: 3/20/12 Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Antonio Vingo</i>	DATE 3/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE 3/20/12


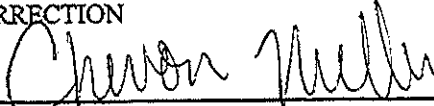
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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Substitute Staff Person A, whose first day of work was 1/30/12, did not receive an orientation in general fire safety and emergency preparedness.	2/18/12	Substitute Staff Person did Receive & All Required Training but Training Record Could Not be Located AT The Time of inspection Due To miss placement To Assure Future Compliance Administrator Will be Sure To Place All Training Records For Staff in Their Folder immediately upon completion of All Training	Steps have been taken to correct violation; full compliance is not verifiable Date <u>3/26/12</u> Initials (DPW) <u>[Signature]</u>

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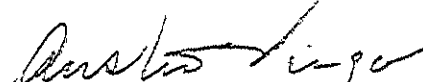

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			Administrator will check all SHARP Files Every 3 months to be sure all Training is completed and Filed correctly	

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff Person B, did not receive training in Emergency Preparedness procedures and recognition and response to crises and emergency situations during training year March, 2010 to February, 2011.	2/19/12	STAFF Person Did Received Training in Emergency Preparedness Procedures during Training year 2010. However Training Verification Could not be Located AT Time of Inspection. To Assure Future Compliance Administrator Will be Sure To Place All Training Information in STAFF Folder Immediately upon Completion	Steps have been taken to correct violation; full compliance is not verifiable 3/26/12 Date Initials (DPW)

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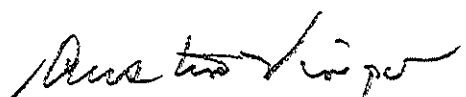
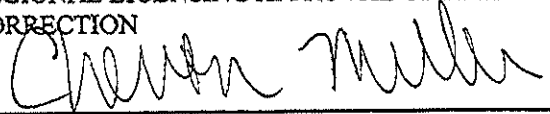
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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			Administration will check All Staff Files Every 3 months To be Sure All Training is completed and Filed correctly	

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The radiator covers located in the dining room, the 3rd floor hallway and the 3rd floor bathroom are not secure and could fall off leaving a heat source exposed.	2/20/12	<p>The Radiator Cover Located in Dining Room & 3rd Floor Hallway and Bathroom are now Additionally Secure To the wall and floor</p> <p>To Assure Future Compliancee The Radiator Covers will be check by the Maintenance Personnel Monthly. For Stability</p>	3/20/12 OCM

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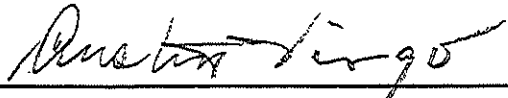

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The home's first aid kit does not include antiseptic.	2/26/12	Replacement Antiseptic was purchase and is now added to the First Aid Kit. To Assure Further Compliance with this Regulation Administrator will check First Aid Kit upon each use and on a monthly schedule	3/20/12 CRM

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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.	The bed on the right side of the bedroom located closest to the stairs on the 3rd floor does not have a source of light that can be turned on/off from bedside.	3/20/12	<p>The bedroom on the 3rd Floor now as light. The Extension cord was remove by someone causing the light NOT TO WORK.</p> <p>To Assure Future Compliance a permanent wall outlet was install that the violation will NOT happen again.</p>	3/20/12 CRM

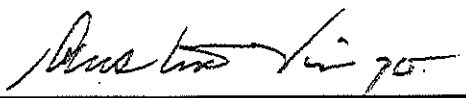
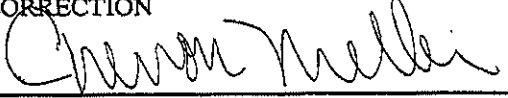
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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	On 2/15/12, the home had 13 residents, but only 35 gallons of emergency drinking water.	2/26/12	<p>The Home was IN Process of changing out the 1gal bottle of water because of leakage. Sufficient Emergency drinking WATER NOW as been purchase.</p> <p>To Assure Continue Compliance Administrator as purchase 9 NINE 5.28 gal OF Emergency drinking WATER THAT ARE IN A more durable Heavy Duty bottle. Which WAS added To The</p>	3/20/12 CEM

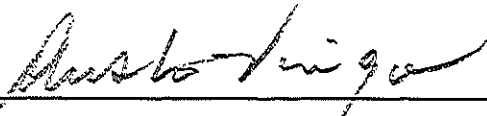

Extinq 1 Gallon Bottle of water

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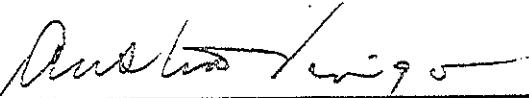

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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for Resident #2 dated 1/7/11 does not include immunization history.	2/16/12	Resident #2 Medical Evaluation now include Immunization History To Assure Future Compliance with This Regulation, upon Completion of The Medical Evaluation by The Doctor The Administrator will immediately Review The Form To be Sure All Necessary box is Examined	Steps have been taken to correct violation; full compliance is not verifiable 3/20/12 Date Initials (DPW)

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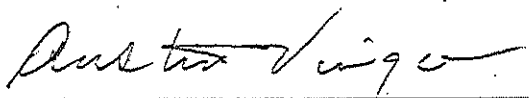
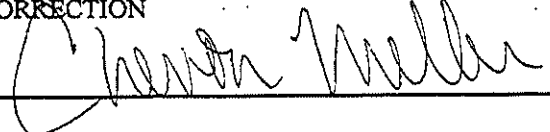
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			IF INFORMATION IS MISS FROM THE FORM SAFE/ADMINISTRATOR WILL RETURN BACK TO THE DR TO HAVE IT COMPLETED CORRECTLY	

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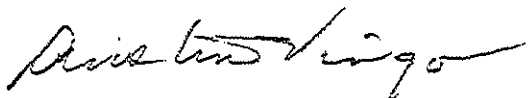
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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home's medication procedures do not indicate who has access to the medications.	3/1/12	<p>The home medication procedures as been redrafted to indicate who has access to the medications</p> <p>To Assure Continued Compliance with this Regulation. Further Clarification was given by the Regional Representative and the administrator will re-study the Regulation Guide</p>	3/20/12 CRM

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185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive	The home's procedures for the safe use of medications and medical equipment do not include a process to investigate and account for missing medications and medication errors and who has access to the medications.	3/1/12	The home medication procedures as been redrafted to include a process to investigate account for missing medication medication errors and who has access to the medication. To assure continued compliance with this regulation. Additional clarification was given by the regional representative and the administrator will restudy the regulation guide	3/26/12 CCM

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

NAME AND ADDRESS OF PERSONAL CARE HOME QUALITY ASSISTED CARE INC, 3411 NORTH 17TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 193050	
INSPECTION DATES (Include all dates of the inspection) 02/15/2012		REGIONAL REPRESENTATIVE Christine McHale, Amy Scharpf	
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 3/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE



REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.				

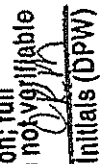
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME QUALITY ASSISTED CARE INC, 3411 NORTH 17TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 193050	
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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>Russell</i>	DATE 3/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE 3/20/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 2/14/12, at 8:00pm, Resident #1 was administered Metformin HCL 500mg. Staff Person C did not initial the corresponding block on the Medication Administration Record to record the date and time of administration.	2/15/12	<p><i>This WAS AN oversight of Resident #1 who Received Metformin HCL 500mg on 2/14/12, Administration Record now show the corresponding block initial.</i></p> <p><i>To Assure Continued Compliance with this Regulation The Med-Cordinator as retrain All Staff Person of the importance of Immediately Documenting the Medication Administration. Also The Administrator Will Review All Administration of medication on a weekly</i></p> <p style="text-align: center;"><i>BASIS</i></p>	3/20/12 <i>CEM</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME QUALITY ASSISTED CARE INC, 3411 NORTH 17TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 193050	
INSPECTION DATES (Include all dates of the inspection) 02/15/2012		REGIONAL REPRESENTATIVE Christine McHale, Amy Scharpf	
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SIGNATURE OF LEGAL ENTITY 	DATE 3/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/20/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	Entries on 2/1/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12 for Vitamin D Capsule 5000 units on Resident #1's Medication Administration Record were not legible due to being covered with correction fluid.	2/15/12	In the Future All Entries ON All Medication Administration Record will be Legible & NOT used Correctional Fluid. To Assure Future Compliance Administrator AS discarded All Correction Fluid From Facility. AND Retrain Staff	Steps have been taken to correct violation; full compliance is not verifiable  Date 3/20/12 Initials (DPW)