

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PERRY SOUTH PERSONAL CARE HOME, LTD

To operate PERRY SOUTH PERSONAL CARE HOME

Located at 1129 TWEED STREET, PITTSBURGH, PA 15204

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

The total number of persons which may be cared for at one time may not exceed 8  
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

and shall remain in effect from June 14, 2012 until June 14, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 433730

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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

JUN 18 2012

Ms. Linda Howard, Administrator  
Perry South Personal Care Home, LTD.  
Perry South Personal Care Home  
1129 Tweed Street  
Pittsburgh, Pennsylvania 15204

Dear Ms. Howard:

As a result of the Department of Public Welfare's licensing inspection on March 23, 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,

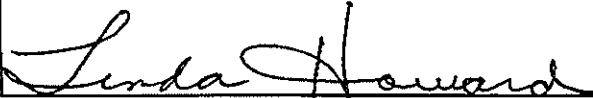
A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 03/23/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Susan Pollock	
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 5-25-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 6/4/12

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
(relating to protective services for older adults) and other applicable regulations.	<p style="font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="font-size: 1.2em; opacity: 0.5;">MAY 25 2012</p> <p style="font-size: 0.8em;">Western Field Office Adult Residential Licensing</p>		<p>By 7/5/12 - The administrator will monitor all new staff documentation to ensure all required criminal history checks have been completed within the required timeframe.</p> <p>Immediately - staff person B will not work in the home until a completed history check without a prohibitive offense is obtained.</p> <p>By 7/15/12 - The administrator and any staff person involved in the hiring and retention of staff will complete the on-line older Adult protective Services Act training. Documentation will be kept.</p>	

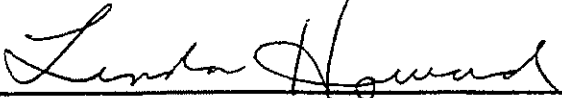



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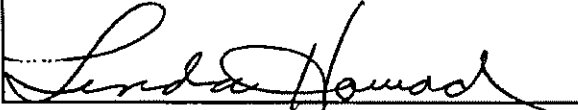
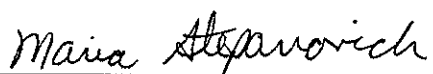
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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person B only completed 8 of the required 12 hours of annual training in the 2011 training year.  <b>RECEIVED</b>  Western Field Office Adult Residential Licensing		<i>Direct Care person B is in the process of completing her needed 3 hrs of training for the year 2011 - staff A will be keeping a better hand on hrs completed by anyone who works here on 4/15/12, staff person B completed 1.5 hours of online training. ms 6/4/12</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable 6/4/12 ms Date Initials (DPW)</i>

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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, hired 07/01/05, and staff person C, hired 04/01/04, did not receive training in fire safety, emergency preparedness, resident rights or older adult protective services act (OAPSA) in the 2011 training year or thus far in 2012.  <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">                         RECEIVED                           Western Field Office Adult Residential Licensing                     </div>	5/25/12	Staff persons B and C have received training in fire safety, emergency preparedness, resident rights and OAPSA.  By 5/11/12 - the administrator will review the annual training plan to ensure all required topics in 2600.658 are included.  By 7/11/12 - the administrator will review all staff training as part of the quality management review process to ensure all staff persons receive the required annual training in 2600.658.  ms 6/4/12	Steps have been taken to correct violation; full compliance is not verifiable 6/4/12 ms Date                      Initials (DPW):

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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.	<p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 5px 0 0 0;">11 4 12</p> <p style="margin: 0;">Western Field Office Adult Residential Licensing</p>			

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66a A staff training plan shall be developed annually.	The home does not have a staff training plan for 2012.		<i>A Complete training Document for the year 2012 is included with should be enough for all training hrs. see attached</i>	<i>MRS 6/4/12</i>

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Adult Residential Licensing

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94b Interior stairs, exterior steps and ramps shall have nonskid surfaces.	The back exit steps off the deck do not have a non-skid surface.  <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin: 10px 0;">RECEIVED</div>  <div style="text-align: center; font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>		<i>the back &amp; front steps were coated by putting non skid strips &amp; a picture is attached</i>	<i>ms 6/4/12</i>

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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	There are 3 residents in the third floor bedroom; however, there are no chairs in this room. Also, there are 2 residents in bedroom #2; however, there is only 1 chair.  <b>RECEIVED</b>  4 12		There are in the third floor 3 chairs in the room and in the room on the second floor each resident has a chair.  By 7/4/12 - The administrator or designated staff person will conduct a weekly check of all resident rooms to ensure each resident has a chair in his/her room which meets the residents needs. ms 6/4/12	ms 6/4/12

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103g Food shall be stored in closed or sealed containers.	There was an opened, unsealed package of 9 sausage links and an uncovered, undated, unlabeled styrofoam cup, containing a red liquid, in the white freezer.		<p><i>All food was disposed of and every one was told not to make Kool-aid cups lol</i></p> <p><i>And all Foods were placed in new Baggage containers Labeled &amp; Dated</i></p> <p><i>By 7/4/12 - All staff persons included in food preparation, storage and serving will be educated regarding closed and sealed storage of food items. Documentation will be kept.</i></p> <p><i>By 7/4/12 - A designated staff person will check all food storage areas</i></p>	<i>ms 6/4/12</i>

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*daily to ensure all food items are stored in sealed or closed containers. ms 6/4/12*

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103i Outdated or spoiled food or dented cans may not be used.	The freezer of the kitchen refrigerator had a ziploc bag, dated 6/6/11, which contained french fries. Also, there was an undated, unlabeled ziploc bag containing 4 sausage patties in this same freezer.  Repeated Violations: 01/03/2011		All foods were re-labeled & dated and every fri the staff A - will inspect the freezer for violations	MS 6/4/12

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126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	The last furnace inspection was conducted on 01/28/11.  <b>RECEIVED</b>  Weston Field Office Adult Residential Licensing		The Furnace was inspected on 4-3/12 See Attached this will be looked after by staff A yearly	ms 6/4/12

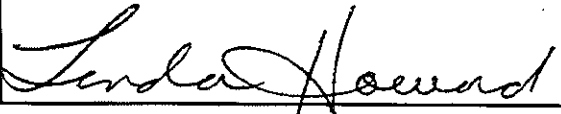
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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the drill conducted in March 2011 does not indicate the exact day of the drill.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div>		The procedure for fire drills will be followed using all components of the drill, this will be checked by staff. After each drill is conducted	ms 6/4/12

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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	Resident #2's medical evaluation, dated 11/26/11, does not address the following: <ul style="list-style-type: none"> <li>• Medication administration</li> <li>• Mobility</li> </ul>		STAFF A will check for oversights in the Medical evaluation A thorough check to make sure Everything is Addressed 6/4/12 - The administrator will review all residents' medical evaluations to ensure they are completed in their entirety including medication administration and mobility. ms 6/4/12	Steps have been taken to correct violation: <del>6/4/12</del> compliance to <del>6/4/12</del> 6/5/12 ms Date Initials (DPW)

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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.	<b>RECEIVED</b>  JUN 4 2012  Western Field Office Adult Residential Licensing		on 6/5/12, Resident #2's medical evaluation was faxed to the physician to complete the resident's mobility needs as well as medication administration needs. ms 6/5/12	

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	The was an opened, partially full sharps container located on the fireplace mantel.  Repeated Violations: 01/03/2011  <b>RECEIVED</b>  JUN 4 2012  Western Field Office Adult Residential Licensing		<i>All sharps containers will be kept in a locked medication drawer. The container is used by staff A - Diabetic and will be placed in the drawer for safety purposes. By 7/4/12 - A designated staff person on each shift will monitor daily the location of the sharps container to ensure it is locked and not accessible. ms 6/4/12</i>	<i>ms 6/4/12</i>

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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.	Resident #1 is prescribed Naproxen, 250 mg - take 1 tab every 12 hours; however, the medication was not available in the home.  Repeated Violations: 01/03/2011  RL		10 tabs were prescribed and we were waiting for the DR. to Disc the script or continue he decided to Disc.  See Attached. it is sometimes hard for us to get DR's to see the	MS 6/4/12

*importance of this (no excuses) will follow better*

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
INSPECTION DATES (Include all dates of the inspection) 03/23/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Susan Pollock	
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>Linda Hawad</i>	DATE <i>5-29-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Maia Stepanovich</i>	DATE <i>6/4/12</i>

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
188d There shall be a system in place to identify and document medication errors and the home's pattern of error.	There was no system in place to identify and document medication errors and the home's pattern of error. Staff person A, administrator, was unable to describe such a system.		<p style="text-align: center;"><del>all questions pertaining to this violation were answered by A &amp; B at the time to [REDACTED] Errors are marked on the back of MAR's and noted, if need be told to the DR. See attached was posted at inspection time.</del></p>	

*withdrawn*

**RECEIVED**

*ms 6/4/12*

4 2012

Western Field Office  
Adult Residential Licensing

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

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NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
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SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 5-29-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>maria Stepanovich</i>	DATE 6/4/12

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>Resident #1's medication administration record (MAR) does not include Zantac, 75-75 mg or Pepcid complete, 10 mg. However, these medications were available in the home and resident #1 indicated he/she uses both medications on an as needed basis.</p> <p>Resident #4's MAR does not include diagnoses for the following medications:</p> <ul style="list-style-type: none"> <li>• Clonidine HCL, 0.2 mg, 1 tab daily ✓</li> <li>• Prednisone 5 mg, 1 tab every other day ✓</li> <li>• Polymyxin, 2 drops into affected ear(s) 2 times daily ✓</li> <li>• ProAir HFA 90mcg inhaler, inhale 2 puffs 2 times daily ✓</li> <li>• Advair 250/50 diskus, inhale 1 puff 2 times daily ✓</li> <li>• Risperidone 2 mg, 1 tab in the morning and 2 tabs at bedtime ✓</li> </ul> <p align="center">RECEIVED 4-2</p>		<p>There has to be better checking of the MAR'S for mis diagnosis</p> <p>We know have A List sent over from the Drug's store before the MAR'S is completed for DISC &amp; everything being listed</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p><del>6/5/12 ms</del> Date Initials (DPW)</p>

Western Field Office  
Adult Residential Licensing

*Resident #1 See page 19A*

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

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NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
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SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 6-5-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 6/5/12

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
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**Western Region**  
JUN 05 2012  
Adult Residential Licensing

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PAGE 02/07

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

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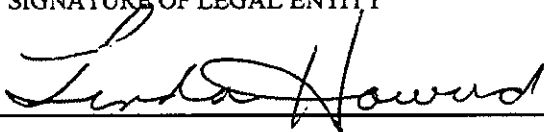
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INSPECTION DATES (Include all dates of the inspection) 03/23/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Susan Pollock	
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SIGNATURE OF LEGAL ENTITY <i>Linda Howard</i>	DATE 5-29-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Maria Stepanovich</i>	DATE 6/4/12

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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Repeated Violations: 01/03/2011 Resident # 4 Script listed at Drug store as expired AND not filled AS of 2-10-10 NO DISC order. Polymyxin 2 drops in ears 2X DAY		Please See Attached the Drug store will send papers before the MAR's is sent out for us to make corrections Not Always done before the MAR's is sent we will make corrections if not done by Drug Store	

Western Field Office  
Adult Residential Licensing

The MAR for residents #1 and #4 have been corrected and include diagnoses. ms 6/4/12

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

NAME AND ADDRESS OF PERSONAL CARE HOME PERRY SOUTH PERSONAL CARE HOME, 1129 TWEED STREET PITTSBURGH, PA 15204		CURRENT LICENSE NUMBER 433730	
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #3, admitted 6/1/11, has an undated preadmission screening, so it is unable to be determined if it was completed within 30 days prior to admission.		Resident #3's preadmission screen was completed on 6/1/11. It was an oversight that it was not dated at the time of completion. ms 6/4/12  By 7/4/12 - The administrator will create a new admission documentation tracking system to ensure the Department's preadmission screening form is completed within 30 days prior to admission. ms 6/4/12	Steps have been taken to correct violation; full compliance is not verifiable 6/4/12 ms Date Initials (DPW)
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 5px 0 0 0;">JUN 12 2012</p> <p style="margin: 0;">Western Field Office Adult Residential Licensing</p> </div>				

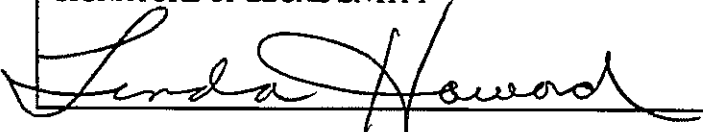
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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 #4's most recent annual assessment was completed 07/15/11; however, the resident's most recent support plan was not completed until 08/27/11.  <b>RECEIVED</b>  4 2012  Western Field Office Adult Residential Licensing		<i>IN using the new forms I staff, A, will pay better attention to following the procedure in matching Dates. Corrections will be made for the next annual information. By 7/14/12 the administrator will develop a tracking system to ensure support plans are revised within 30 days of the annual</i>	

*assessment or upon changes in the resident's needs as indicated on the current assessment  
ms 6/4/12*

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

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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.	Resident #3's support plan, dated 06/01/11, is blank in the sections of mobility and social/recreational.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div>  4 2012  Western Field Office Adult Residential Licensing		Correction was made on the support plan 5-29-12 From here and in the future all plans will be completed by Admin and Residents. By 7/11/12 - The administrator or designated staff person will review all residents' support plans for accuracy and completion, including mobility and social/recreational needs. ms 6/4/12	ms 6/4/12

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

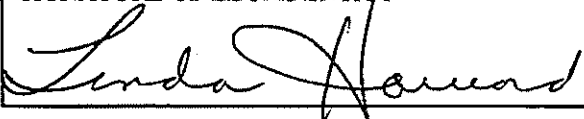
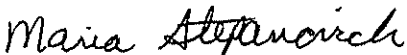
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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #3's support plan, dated 06/01/11, indicates the resident participated in the development of the support plan; however, the resident did not sign it.  Repeated Violations: 01/03/2011  <b>RECEIVED</b>  4 312  Western Field Office Adult Residential Licensing	<i>6/4/12</i>	<i>Resident #3's support plan was signed. This is something that when the papers are partially filled in (I make the mistake by not checking) every thing. IT will be come a much needed practice to be looked at in the future so it will no longer A Repeat Violation by 4/11 - the administrator will</i>	<i>MS 6/4/12</i>

*develop a tracking system to ensure accuracy and completion of support plans, including signatures. MS 6/4/12*



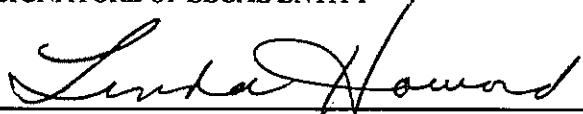

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">MAY 29 2012</div> <div style="font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>			

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

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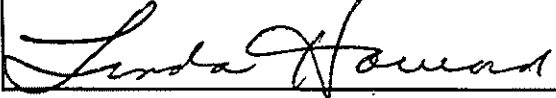
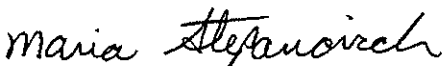
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.	<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 1.5em; margin: 5px 0;">4</div>			

VIOLATION REPORT  
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(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	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 0.8em; margin-top: 20px;">                         Western Field Office                          Adult Residential Licensing                     </div>			

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 0.8em; margin-top: 10px;">Western Field Office Adult Residential Licensing</div>			

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	RECEIVED		<p><i>all Records</i></p> <p><i>✓</i></p> <p><i>were checked to see that all components were included in the chart. Each will be updated annually in the support plan and lease for the</i></p>	

Western Field Office  
Adult Residential Licensing

*PCH*