

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MERCY LIFE CENTER CORPORATION

LEGAL ENTITY

To operate OUTLOOK MANOR

NAME OF FACILITY OR AGENCY

Located at 3560 OUTLOOK DRIVE, WEST MIFFLIN, PA 15122

(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 12
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 June 9, 2012 until June 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **430080**

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

JUL 02 2012

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

Mr. Raymond L. Wolfe, Executive Director
Mercy Life Center Corporation
Attn: Anne Spontak
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Outlook Manor
3560 Outlook Drive
West Mifflin, Pennsylvania 15122

Dear Mr. Wolfe:

As a result of the Department of Public Welfare's licensing inspection on June 1, 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 be 'R' followed by a long horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 43008 - 06/01/2012 - Orme, Melinda
PCH Name: OUTLOOK MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's written policy on reportable incidents does not include the incidents that must be reported to the Department by telephone within 24 hours, and that if the home receives a utility shut-off notice, it must be reported to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Incident Reporting Policy has been updated (attached)
- Administrator has posted the policy in staff office.
- Administrator has sent policy via-email to all staff in a format that will generate an automatic 'read response' sent back to Administrator. (e-mail and recipient list attached)

RECEIVED

JUN 23 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/16/2011

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Benedetti* Date *6/22/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/26/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *6/26/12* (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43008 - 06/01/2012 - Orme, Melinda
PCH Name: OUTLOOK MANOR

1. REGULATION 55 Pa.Code §2600

2800.25(b) - 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.

2a. DESCRIPTION OF VIOLATION

There were no dates to indicate when residents #1, #2, or #3 signed their contracts. The contract for resident #1 was not signed by the Administrator or a designee or the payer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Current Contract signed by Administrator
- Administrator will sign all Admission Agreements upon completion of form regardless of whether or not other signatures have been obtained
- Section C of "Chart Audit Expectations" has been updated to indicate that all Signatures ~~must be dated~~ (attached)
- A 'Form Review' sheet has been developed to track attempts to obtain signatures from residents/payees who have refused to sign forms (attached)
- All Outlook Manor staff have been sent the above information by e-mail (attached)

Western Field Office
Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Amy Benedetti Date 6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/24/12
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 6/26/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43008 - 06/01/2012 - Orme, Malinda
PCH Name: OUTLOOK MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:
 - (1) Training that includes a demonstration of job duties, followed by supervised practice.
 - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 - (3) Initial direct care staff person training to include the following: (i) through (xvi)
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

RECEIVED

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 9/1/11, has not completed the Department-approved direct care training course or successfully passed the competency test.

JUN 13 2012

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Western Field Office.
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Central State Licensing

- STAFF completed training (attached)
- Initial training log for Support Staff has been updated to include Direct care training course.
- Administrator will ensure that Initial training log is fully completed prior to staff beginning to work

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Amy Benedetti

Date 6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

6/26/12
(Date)

Violation Report: 43008 - 06/01/2012 - Orme, Melinda
PCH Name: OUTLOOK MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On day of inspection at approximately 3:30 pm the temperature of the kitchen freezer measured 15 degrees Fahrenheit, and at approximately 5:15 pm, the temperature was 8 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Refrigeration company professionally cleaned freezer condenser (work order attached)
- Freezer vent cleaning assigned to maintenance staff. (Documentation attached)
- Supervisor to Review service with other monthly maintenance Records
- Kitchen staff will document daily freezer temperatures (form attached) and report any unusual findings to Administrator for action

RECEIVED

JUN 3 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *A. R.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ann Benedetti* Date *6/22/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/22/12*
(Date)

Plan of correction implementation status as of *6/22/12*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43008 - 06/01/2012 - Orme, Melinda
PCH Name: OUTLOOK MANOR

1. REGULATION 55 Pa.Code §2600
2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION
The initial assessment for resident #4, admitted 3/15/11, is not dated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Form has been dated

- Administrator will review/Initial all DRW forms
Prior to them being filed in chart

RECEIVED

JUN 3 2012

Western Field Office
Adult Residential Licensing -

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Amy Benedetti*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Amy Benedetti Date 6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/22/12
(Date)

Plan of correction implementation status as of 6/26/12
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43008 - 06/01/2012 - Orme, Melinda
PGH Name: OUTLOOK MANOR

1. REGULATION 56 Pa. Code §2800
2800.225(o) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The 10/7/11 assessment for resident #1 indicates aggression and agitation are not a problem. However, the support plan, dated 10/18/11, indicates that the resident requires redirection and praise to minimize impulsive verbal and physical aggression.

The medical evaluation for resident #1, dated 10/7/11, indicates the resident has a special dietary need of "no added salt." However, the assessment, dated 10/7/11, does not include the special dietary need.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Support Plan initiated 10/18/11 has been revised to indicate that aggression and agitation are not a problem, due to the fact that there have been no incidents of aggressive behavior and Psychiatrist indicates no current concerns.
- Review of RASP training will occur during July staff meeting, to include review of current charts
- Dietary needs have been reviewed with physician. Physician indicated that 'Heart Healthy' diet offered by the facility meets the residents needs. (memo attached)
- Medical Evals and RASP plans will all be reviewed/initiated by Administrator prior to filing. Plans of all residents to ensure they are complete and accurate.

RECEIVED

Repeat Violation: No Date(s) of Previous Violation(s):
Western Field Office
Adult Residential Licensing

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Amy Benedetti

Date 6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/20/12 (Date)

Plan of correction implementation status as of 6/20/12 (Date)

The above plan of correction was approved by [Initials]

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43008 - 06/01/2012 - Orme, Melinda
PCH Name: OUTLOOK.MANOR

1. REGULATION 65 Pa.Code §2600.
2600.228(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #1, dated 10/7/11, indicates the resident does not have a mobility need. However, the 10/18/11 support plan indicates the resident requires verbal prompting to vacate the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- After discussion with Interdisciplinary team and resident, it was determined that the resident is able to vacate the home without prompting. The support plan has been updated to reflect this (attached)

- Administrator will review/initial all DPW forms prior to them being filed in Resident's chart.

By 2/3/12. The administrator will review assessments of all residents to ensure they are complete and accurate, including residents' mobility needs.

RECEIVED

JUN 3 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/16/2011

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Amy Benedetti Date 6/22/12

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The above plan of correction is approved as of 6/26/12
(Date)

Plan of correction implementation status as of 6/26/12
(Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
(Initials)

Violation Report: 43008 - 06/01/2012 - Orme, Melinda

PCH Name: OUTLOOK MANOR

1. REGULATION 55 Pa.Code §2800

2800.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident #4 did not sign the 3/15/12 support plan. There is no indication if the resident declined, was unable to participate or if the resident refused to sign the plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- A 'Form Review' sheet has been developed to track attempts to obtain signatures from residents/payees who have refused to sign forms (attached)

By 7/15/12 - The support plan for resident #4 will be updated to include if the resident was unable to sign the support plan or refused to sign the plan.

RECEIVED

JUN 3 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Amy Benetti

Date 6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

[Signature]
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented