

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION

To operate REFORMED PRESBYTERIAN HOME

Located at 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214

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 56
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 August 27, 2012 until August 27, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429660

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.



SEP 10 2012

Mr. James E. Schrenk, Director of Resident Care Services
Reformed Presbyterian Women's Association
Reformed Presbyterian Home
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

Dear Mr. Schrenk:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 11, 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 Human Services 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 line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42968 - 07/11/2012 - Garrigan, Laurie

17

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 10/06/06, only completed 5.5 hours of annual training in training year 2011.

Direct care staff person B, hired 08/25/03, only completed 2.0 hours of annual training in training year 2011.

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.

By 9/30/12 - staff person A will complete 4.5 hours of training for 2011 and staff person B will complete 9 hours of training for 2011.

Staff person A has completed 9 hours of training for 2012 and staff person B has completed 3 hours of training for 2012.

By 12/31/12 - staff persons A and B will complete a total of 12 hours of annual training in training year 2012.
ms 8/30/12

See Attachment A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

James E. Schrenk

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES E. SCHRENK DIRECTOR OF RESIDENT CARE SERVICES

Date 8/17/2012

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

The above plan of correction is approved as of

8/30/12 (Date)

Verification of Legal Entity Representative Signature

8/30/12 (Date)

The above plan of correction was approved by

ms (Initials)

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

Attachment A

August 17, 2012

Violation Report 42966

Inspection Date July 11, 2012

Reformed Presbyterian Women's Association
Reformed Presbyterian Home
2344 Ferryville Avenue
Pittsburgh, PA 15214

Regulation 2600.65(e)

Plan of Correction:

Individual signatures with dates will be required by all staff persons documenting training completion.

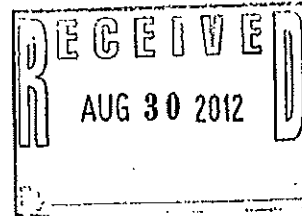
The Director of Resident Care Services will monitor the documentation requirements. Each staff person will sign and date their education plan following an in-service.

An education training plan is initiated by the home at the beginning of each calendar year for all staff persons. There is a minimum of 12 training opportunities offered over the course of the year. Each staff person will be required to provide a signature and date following completion of training. The home will continue its current practice of providing staff training.

Post tests will be filed to support the successful completion of the training requirement. A report of compliance will be made at the quarterly QA meeting by the Director of Resident Care Services. All staff will be informed of the deficiency and plan of correction at a staff meeting on August 24, 2012.

James Schrenk
8/30/2012

MS 8/30/12



Violation Report: 42968 - 07/11/2012 - Garrigan, Laurie 17

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute persons and regularly scheduled volunteers shall be trained annually in the following areas:

Western Field Office
Adult Residential Licensing

- (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.
- (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.

2. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 10/10/06, did not complete the following training in 2011:

- Resident Rights
- Falls and accident prevention

Direct care staff person B, hired 8/25/03, did not complete the following training in 2011:

- Resident Rights
- The Older Adult Protective Services Act
- Falls and accident prevention

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.

Staff person A completed resident rights training on 6/25/12.

By 9/30/12 - staff persons A + B will complete all training requirements of 2600.65g to include resident rights, the Older Adult Protective Services Act and falls and accident prevention.

ms 8/30/12

See attachment B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) James E. Schrenk

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>JAMES E. SCHRENK DIRECTOR OF RESIDENT CARE SERVICES</u>	Date <u>8/17/2012</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/30/12</u> (Date)	Verification of Legal Entity Representative Signature <u>8/30/12</u> (Date)
The above plan of correction was approved by <u>ms</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <u>ms</u> <input type="checkbox"/> Not Implemented

Regulation 2600.65(g)

Attachment B

Plan of Correction:

The following training topics are included in the Personal Care Staff Education plan for 2012.

1. Fire Safety
2. Emergency Preparedness Procedures
3. Resident Rights
4. The Older Adult Protective Services Act
5. Falls and Accident Prevention
6. New Population Groups

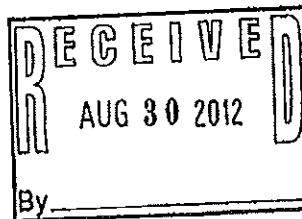
The Plan of Correction addressing this violation will be identical to the correction for 2600.65(e).

The Director of Resident Care Services will monitor the documentation requirements. Each staff member will sign and date their education plan following any training. Post tests will be utilized and filed to support the successful completion of the training requirement. A report of compliance will be made at the quarterly QA meeting by the Director of Resident Care Services.

All staff will be informed of the deficiency and plan of correction at a staff meeting on August 24, 2012.

James Schrenk
8/30/2012

MS 8/30/12



RECEIVED

Violation Report: 42966 - 07/11/2012 - Garrigan, Laurie

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

There are no protective guards over any of the wall mounted heaters located throughout the home. This includes the heating unit in the common shower bathroom which had a surface temperature of 146.4 degrees Fahrenheit and the heating unit in bedroom #201 which had a surface temperature of 165 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.

A protective guard has been installed on the heater near room #234.

See attachment c

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

Signature of Legal Entity Representative (Required on EVERY Page) *James E. Schrenk*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAMES E. SCHRENK DIRECTOR OF RESIDENT CARE SERVICES* Date *8/17/2012*

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

The above plan of correction is approved as of 8/13/12 (Date)

Verification of Legal Entity Representative Signature 8/13/12 (Date)

The above plan of correction was approved by MS (Initials)

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

Regulation 2600.84

Attachment C

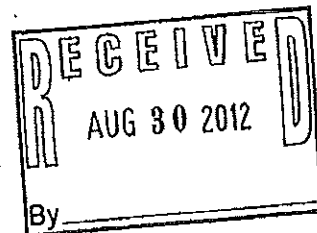
Plan of Correction:

The plan of correction is to fabricate and install protective guards for each wall heating unit. The Environmental Services Department will be responsible for the fabrication and installation. The protective guards will prevent direct contact with the heat source. There are 30 heating units requiring attention. Estimated completion of this project is November 30, 2012.

All staff will be informed of the deficiency and plan of correction at a staff meeting on August 24, 2012.

James Schriener
8/30/2012

ms 8/30/12



RECEIVED

Violation Report: 42986 - 07/11/2012 - Garrigan, Laurie

1. REGULATION 55 Pa.Code §2600

2600.103(i) - Outdated or spoiled food or dented cans may not be used.

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

The third floor walk-in freezer contained the following undated foods:

- * 2 pork loins
- * 2 bags of "wedding soup" meat balls
- * 2 - 40 oz packages of imitation crab meat.

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.



See attachment D

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>James E. Schrenk</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	JAMES E. SCHRENK DIRECTOR OF RESIDENT CARE SERVICES	Date	8/17/2012
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of	<u>8/30/12</u> (Date)	Verification of Legal Entity Representative Signature	<u>8/30/12</u> (Date)
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The above plan of correction was approved by MS
(Initials)

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

#0136 2.305 /011
Attachment D

Regulation 2600.103(i)

Plan of Correction:

All undated foods were removed from the freezer and discarded at the time of the survey.

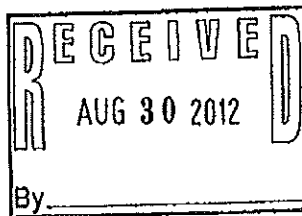
All food that has been removed from the original package and label shall be placed in storage bags, labeled, and dated before being placed in the freezer.

The Director of Food and Nutrition informed kitchen staff about this violation and plan of correction at a staff meeting on August 15, 2012. The RP Home kitchen inspection checklist (see attached) will be used to audit compliance weekly for 6 weeks and monthly through Dec 31, 2012.

All staff will be informed of the deficiency and plan of corrections at a staff meeting on August 24, 2012.

James Schrenk
8/30/2012

MS 8/30/12



RECEIVED

Violation Report: 42966 - 07/11/2012 - Garrigan, Laurie

AUG 17 2012

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

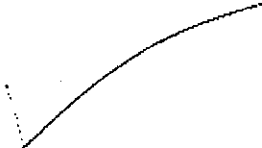
2. DESCRIPTION OF VIOLATION

The home did not have a copy of the local municipality's emergency preparedness 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.

The City of Pittsburgh's emergency preparedness plan has been posted at the 2nd floor nurse's station.
MS 8/30/12



See attachment E

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

James E. Schrenk

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES E. SCHRENK DIRECTOR OF RESIDENT CARE SERVICES

Date 8/17/2012

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

The above plan of correction is approved as of 8/30/12 (Date)

Verification of Legal Entity Representative Signature 8/30/12 (Date)

The above plan of correction was approved by MS (Initials)

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

Attachment E

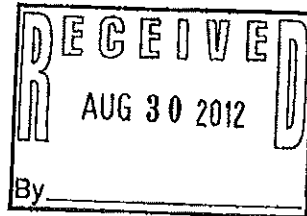
Plan of Correction:

The Director of Resident Care Services has acquired the most recent version of the City of Pittsburgh's Emergency Operations Plan. The Director has reviewed and is familiar with the plan. A copy of the plan will be kept with the Fire and Disaster Policy and Procedure Manual in the Director's office on the 2nd floor of the home and in the Administrator's office on the 1st floor.

All staff will be informed of the deficiency and plan of correction at a staff meeting on August 24, 2012.

James Schrenk
8/30/2012

ms 8/30/12



Violation Report: 42866 - 07/11/2012 - Garrigan, Laurie

AUG 17 2012

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.132(d) - Residents shall be able to evacuate the entire building to a public building or other safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

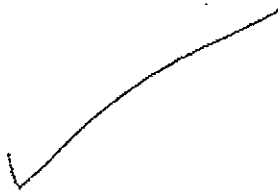
2. DESCRIPTION OF VIOLATION

Three minutes is the home's maximum safe evacuation time determined by a fire safety expert on June 22, 2011; however, the following fire drills exceeded 3 minutes:

Date	Time	Evacuation Time
5/24/12	3:50 PM	3 minutes, 10 seconds
4/24/12	11:10 AM	3 minutes, 15 seconds
3/29/12	4:55 AM	4 minutes, 45 seconds
1/19/12	10:15 AM	3 minutes, 15 seconds
12/8/11	2:30 PM	3 minutes, 10 seconds
9/16/11	5:16 AM	5 minutes, 15 seconds
8/31/11	5:36 PM	3 minutes, 15 seconds

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.



See page 7A Attachment F

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

James E. Schrenk

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES E. SCHRENK DIRECTOR OF RESIDENT CARE SERVICES

Date 8/17/2012

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

The above plan of correction is approved as of 8/20/12 (Date)

Verification of Legal Entity Representative Signature 8/30/12 (Date)

The above plan of correction was approved by ms (Initials)

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

Regulation 2600.132(d)

Attachment F
Attachment F

Plan of Correction:

A fire safety inspector from the City of Pittsburgh Bureau of Fire issued a letter to the home dated July 12, 2012, justifying an evacuation time of 4 minutes for the home. (see attached) A copy of the letter was sent to The Department of Public Welfare via fax on July 16, 2012.

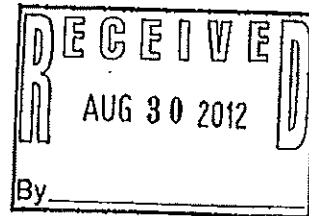
Staff persons conducting fire drills will be reminded that evacuation can be to fire safe areas behind closed smoke doors which carry a 2 hour fire resistance rating.

All new residents of the home are educated in regard to cooperation with fire alarm testing, fire drills, and emergency procedures. The Director of Resident Care Services will reinforce the procedures with each current resident individually prior to the staff meeting scheduled for August 24, 2012.

In addition, the Director of Resident Care Services, Plant Maintenance Supervisor, and maintenance staff are scheduled to attend the DPW approved Train the Trainer Seminar in Pittsburgh on September 6, 2012.

All staff will be informed of the deficiency and plan of correction at a staff meeting on August 24, 2012.

James Schenk
8/30/2012



MS 8/30/12

Page 7A of 7

FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: REFORMED PRESBYTERIAN HOME	Number: 429660
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Date	Time	Evac Time	Supervised by Fire Safety Expert
06/26/2012	06:10 AM	2 min 55 seconds	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">17</p> <p style="text-align: center;">Fire Safety Expert Supervised</p> <p style="text-align: center;">Western Field Office Adult Residential Licensing</p>
05/24/2012	03:50 PM	3 min 10 seconds	
05/02/2012	10:22 AM	2 min 30 seconds	
04/24/2012	11:10 AM	3 min 15 seconds	
03/29/2012	04:55 AM	4 min 45 seconds	
02/16/2012	05:45 PM	2 min 55 seconds	
01/19/2012	10:16 AM	3 min 15 seconds	
12/08/2011	02:30 PM	3 min 10 seconds	
11/29/2011	04:40 PM	2 min 45 seconds	
10/27/2011	11:15 AM	2 min 15 seconds	
09/18/2011	05:15 AM	5 min 15 seconds	
08/31/2011	05:35 PM	3 min 15 seconds	



Inspection Date: 07/11/2012

James E. Schrenk

JAMES E SCHRENK DIRECTOR OF RESIDENT CARE SERVICES

MS 8/30/12