

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PLEASANT RIDGE MATURE LIVING, LLC
LEGAL ENTITY

To operate PLEASANT RIDGE MATURE LIVING
NAME OF FACILITY OR AGENCY

Located at 981 PLEASANT HILL ROAD, LEECHBURG, PA 15656
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 75
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

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

No: 429400

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



Mr. Craig L. Anlauf, Treasurer
Pleasant Ridge Mature Living, LLC
369 Bethel Road
North Huntingdon, Pennsylvania 15642

RE: Pleasant Ridge Mature Living
981 Pleasant Hill Road
Leechburg, Pennsylvania 15656

Dear Mr. Anlauf:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 25, 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,

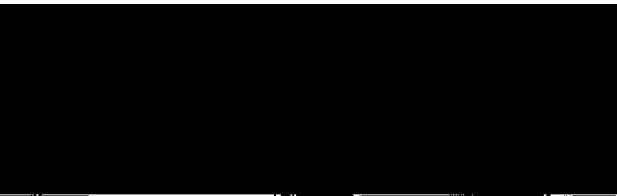
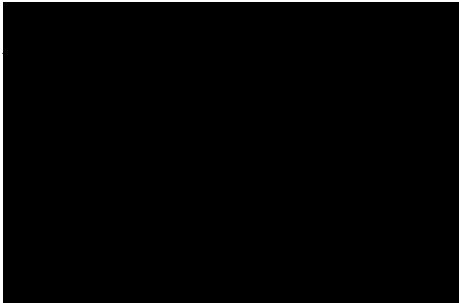
A handwritten signature in black ink, appearing to be "R. Melusky", written over a horizontal line.

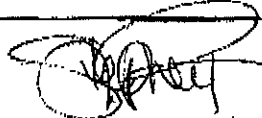
Ronald Melusky
Director

Enclosures
License
Violation Report

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

RECEIVED

PCH Name: PLEASANT RIDGE MATURE LIVING		License Number: 429400
Address: 981 PLEASANT HILL ROAD, LEECHBURG, PA 15658		County: Westmoreland
Administrator: William Vitsas		Region: WEST
Legal Entity Name: PLEASANT RIDGE MATURE LIVING LLC		Western Field Office Adult Residential Licensing
Legal Entity Address: 369 BETHEL ROAD, NORTH HUNTINGDON, PA 15842		
Certificate(s) of Occupancy C-2 LP 10/29/1998 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 77 Waking Staff: 58		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 07/25/2012; Whitney, Diane; Roop, Dennis		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 75 Number of Residents Served: 57 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

 9/17/12
 Stephanie Benner - Admin

SEP 17 2012

Violation Report: 42840 - 07/26/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

1. **REGULATION 55 Pa.Code §2600** Western Field Office
2600.57(d) - At least 75% of the personal care service hours specified in §2600.57(b) and §2600.57(c) shall be available during waking hours.

2a. **DESCRIPTION OF VIOLATION**
On 7-7-2012, a total of 57.75 hours of direct care was required. However, only 56 of the required hours were provided during waking hours.

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.

Immediately:
Staffing has been evaluated and reviewed by the administrator. Staff has also has been re-educated of the staffing calculation. A SOC (Scheduled On Call) Program has been put in place to elevate staffing issues. Administrator will oversee scheduling to ensure compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator Date 9/17/12

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

The above plan of correction is approved as of 9/18/12
(Date)

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

Plan of correction implementation status as of 9/18/12
(Date)

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

Violation Report: 42940 - 07/26/2012 - Whitney, Diane
PGH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2800

2600.83(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Western Field Office
Nursing Home Inspection

2a. DESCRIPTION OF VIOLATION

From 7-4-2012 through 7-16-2012 and on 7-17-2012 during the hours of 5:00pm through 8:00am there were no staff persons present in the home who were certified in 1st aid/CPR.

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.

CPR and First Aid classes have been scheduled for September 24, 2012. All direct care staff members who are not current at this time will attend this class. Quarterly checks of CPR and First Aid training will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator. Record of this shall be kept on file.

Immediately -

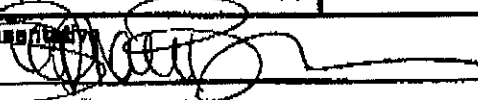
The administrator will ensure that at least one staff person for every 50 residents, who is certified in CPR, First Aid, and obstructed airway techniques is present in the home at all times.

J. Brenner

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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(Initials)

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Violation Report: 42940 - 07/28/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa. Code §2600

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

2. DESCRIPTION OF VIOLATION

Direct care staff person A received only 1.5 hours of annual training in training year 2011.

Direct care staff person B received only 4 hours of annual training in training year 2011.

Direct care staff person C received only 3 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.

Annual Training will be scheduled and all current staff will complete a minimum 12 hours training related to their job duties by October 5, 2012. All direct care staff will be educated on all training topics required under 2600.65 (e). Quarterly checks of annual staff training will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator. Record of this shall be kept on file.

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Violation Report: 42940 - 07/25/2012 - Whitney, Diane
 PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2800

- 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The 2011 annual training provided to direct care staff persons A & B did not include training in self administering medications and instructions on meeting residents needs as described in the preadmission screening, medical evaluation, assessment and support 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.

Annual Training will be scheduled and all current staff will complete a minimum 12 hours training related to their job duties by October 5, 2012. All direct care staff will be educated on all training topics required under 2600.65 (f). Quarterly checks of annual staff training will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator. Record of this shall be kept on file.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stephanie Brenner, Administrator	Date 9/17/12
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- Not Implemented

Violation Report: 42940 - 07/26/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 65 Pa. Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel 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.

2a. DESCRIPTION OF VIOLATION

Staff persons A & C did not receive training in fire safety, emergency preparedness, Older Adult Protective Services Act, and accident & falls preventions during training year 2011.

Staff person B did not receive training in Resident Rights and Older Adult Protective Services Act.

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.

Annual Training will be scheduled and all current staff will complete a minimum 12 hours training related to their job duties on October 5, 2012. All staff will be educated on all training topics required under 2600.65(g). Quarterly checks of annual staff training will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator. Record of this shall be kept on file.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)




Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator


Date 9/17/12

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(Date)

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 42940 - 07/25/2012 - Whitney, Diane
 PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 58 Pa.Code §2600

2600.81(a) - The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

2a. DESCRIPTION OF VIOLATION

On 7-25-2012, bedroom #222 had one immobile resident occupying the room. The bedroom contained two other beds and storage of a walker, 3 wheelchairs, 2 hoist lifts, 1 wheeled TV tray, 1 trapeze, and a base oxygen concentrator. The path leading from resident's bed to the hall door was obstructed with medical equipment.

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.

All unnecessary equipment has been removed from the room. All required equipment has been rearranged to meet the health and safety needs of all residents who currently occupy the room. The supervisors will conduct shift checks to ensure compliance. All staff has been educated and the administrator will do weekly checks to ensure safety needs are being met.

Repeat Violation; No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stephanie Brenner, Administrator	Date 9/17/12
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 (Date)

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 (Initials)

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

Violation Report: 42840 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 7-25-2012, a used wash cloth was on the shower floor in the bathroom across from rooms #210 & #211.
On 7-25-2012, the kitchen floor was visibly dirty and had food particles/crumbs under the counters.

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.

All Staff has been re-educated on the importance of sanitary conditions. Administrator and Maintenance Ground supervisor will do random weekly spot checks to ensure compliance and this will become part of the Quality Assurance Program. Record of this shall be kept on file.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator


Date 9/17/12

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(Initials)

Plan of correction Implementation status as of 9/18/12
(Date)

- Fully Implemented 
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- Not Implemented

Violation Report: 42940 - 07/26/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 7-25-2012, the telephone in the laundry room did not have the numbers posted for the nearest hospital, ambulance service, poison control, local emergency management, and personal care hotline.

On 7-25-2012, the telephone on the 2nd floor did not have the numbers posted for the nearest hospital, ambulance service, poison control, local emergency management, and current personal care hotline.

On 7-25-2012, the telephone in the dining area did not have the current personal care home hotline number posted.

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.

All old phone list have been removed from the facility and replaced with updated current numbers in both resident rooms and public areas. Quarterly checks of the phone list will be checked by the facility administrator to ensure the numbers are correct and they are posted on or by each telephone with an outside line. This will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stephanie Brenner, Administrator			Date 9/17/12

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(Date)

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

Plan of correction implementation status as of 9/18/12
(Date)

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

Violation Report: 42040 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2600

2600.101(c) - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

On 7-25-2012, 2 residents with mobility needs occupied bedroom #202. The bedroom measures 180 square feet.

On 7-25-2012, 3 residents with mobility needs occupied bedrooms #220, #222, and #223. Each bedroom measured 216 square feet.

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.

These residents are currently being assessed and moved according to their mobility needs to ensure compliance.

By 10/15/12 - Each resident with mobility needs will have at least 100 sq. ft. in his/her bedroom or the home will obtain a medical order from each resident's physician stating each resident can maneuver in the bedroom without the necessity of the additional space.

Stephanie Brenner

Repeat Violation: Yes

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of 9/18/12 (Date)

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

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

Violation Report: 42940 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2600
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

Western Field Office

2a. DESCRIPTION OF VIOLATION

On 7-25-2012, 3 residents occupied bedroom #223. The room had 2 chairs.

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.

In room #223 there currently are three residents and two chairs. In addition, all three residents who reside in this room also all use a wheelchair. According to Regulation 2600.101(j)(2) in discussions it states a residents wheelchair meets this requirement.

WITHDRAWN
9/19/12

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator Date 9/17/12

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

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The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42940 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 7-25-2012, the commercial refrigerator/freezer in the kitchen had a freezer temperature of 11 degrees.

On 7-25-2012, another commercial refrigerator/freezer in the kitchen did not have a thermometer in the freezer section.

On 7-25-2012, the chest freezer along the outside wall in the kitchen did not have a thermometer.

On 7-25-2012, the chest freezer next to the entrance door of the kitchen did not have a thermometer.

On 7-25-2012, the chest freezer in the laundry room did not have a thermometer.

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 commercial refrigerator/freezer was serviced. All dietary staff was re-educated on the procedures of handling food, labeling, and storage. Weekly checks of temperatures and handling, labeling, and storing food will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator. Record of this shall be kept on file

9/17/12. Thermometers have been placed in all freezers.
Jr gshln

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Stephanie Brenner, Administrator			9/17/12

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Violation Report: 42940 - 07/25/2012 - Whitney, Diane
 PCH Name: PLEASANT RIDGE MATURE LIVING

7 2012

1. REGULATION 55 Pa.Code §2800
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 7-25-2012, a bag of salad, an 80 oz. container of cole slaw and a large container of apple sauce in the commercial refrigerator in the kitchen were not dated.

On 7-25-2012, two bags of green peppers in the upright freezer in the kitchen were not dated.

On 7-25-2012, four bags of breadsticks in the chest freezer next to the kitchen door were not dated.

On 7-25-2012, three dozen frozen pretzels in the chest freezer in the laundry room were 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.

Staff training was conducted to re-educate them on the procedures of handling food, labeling, and storage. Weekly checks of handling, labeling, and storing food will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator. Record of this shall be kept on file

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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Violation Report: 42940 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in 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.

The home's emergency procedures are now posted in a conspicuous and public place in the home. The administrator will do monthly checks to confirm the emergency procedures remain posted in this area. This will become part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator. Record of this shall be kept on file

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator Date 9/17/12

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

The above plan of correction is approved as of 9/18/12
(Date)

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

Plan of correction implementation status as of 9/18/12
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 42940 - 07/25/2012 - Whitney, Diane
PCN Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2600
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram must be posted on each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull stations shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
The the lines of travel to the exit doors are not indicated on the emergency evacuation diagrams posted in the dining area and on the second floor.

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.

Lines have been added to the emergency evacuation diagram to indicate the travel route to the exit doors on all floors and the dining room. These diagrams will remain in their designated areas.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator Date 9/17/12

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(Date)

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

Plan of correction implementation status as of 9/18/12
(Date)

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

Violation Report: 42940 - 07/26/2012 - Whitney, Diane
 PCH Name: PLEASANT RIDGE MATURE LIVING

9/7/2012

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not indicate that the smoke detector or fire alarm, if inoperable, will be repaired in 48 hours.

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 Emergency procedures policy now states if a smoke detector or fire alarm becomes inoperable it will be repaired in 48 hours.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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The above plan of correction is approved as of 9/10/12
 (Date)

Plan of correction implementation status as of 9/10/12
 (Date)

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

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

Violation Report: 42940 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa. Code §2800

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Western Field Office
Health Research Center

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection & fire drill observed by a fire safety expert was conducted on 6-20-2011.

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.

A fire drill is scheduled with the local fire safety expert on September 28, 2012 for an annual observation. A drill will be conducted during sleeping hours. Drills during sleeping hours will be conducted in six month intervals to ensure compliance with the regulations. This will be monitored in the Quality Assurance Program and be reviewed by the administrator quarterly. The facility administrator will undergo classes for fire safety and DPW requirements. Documentation of this shall be kept.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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The above plan of correction is approved as of 9/18/12
(Date)

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

Plan of correction Implementation status as of 10/1/12
(Date)

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

SEP 17 2012

Violation Report: 42940 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire 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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home does not have a safe evacuation time specified in writing by a fire safety expert within the past year.

The last fire safety inspection & fire drill observed by a fire safety expert was conducted on 6-20-2011.

All of the home's fire drill times from August 2011 through June 2012 exceeded the maximum allowed time of 2 minutes and 30 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.

A fire drill is scheduled with the local fire safety expert on September 28, 2012 for an annual observation. A drill will be conducted during sleeping hours. Drills during sleeping hours will be conducted in six month intervals to ensure compliance with the regulations. This will be monitored in the Quality Assurance Program and be reviewed by the administrator quarterly. The facility administrator will undergo classes for fire safety and DPW requirements. Documentation of this shall be kept.

9/26/12 - The fire safety expert designated 4 minutes, 30 seconds as a safe evacuation time.

Stephanie Brenner
9/17/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Stephanie Brenner, Administrator			9/17/12

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The above plan of correction is approved as of <u>9/18/12</u> (Date)	Plan of correction implementation status as of <u>10/1/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

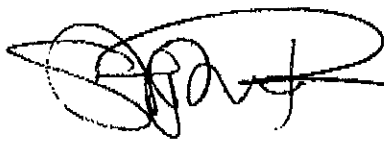
RECEIVED

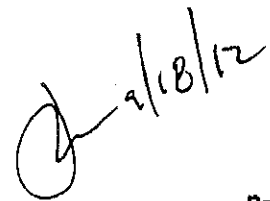
Page 18A of 25

FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600 17 2012

FCH Name: PLEASANT RIDGE MATURE LIVING	Western Fire Office Adult Residential Licensing	Number: 429400
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Date	Time	Evac Time	Supervised by Fire Safety Expert
08/20/2011	11:00 AM	3min,10sec	
09/16/2011	09:00 AM	3min,5sec	
10/11/2011	05:00 PM	3min,6sec	
11/07/2011	11:00 AM	3min,9sec	
12/01/2011	02:30 PM	3min	
01/20/2012	08:00 AM	2min,50sec	
02/13/2012	03:45 PM	2min,58sec	
03/02/2012	01:00 PM	2min,59sec	
04/10/2012	02:00 PM	2min,59sec	
05/07/2012	08:30 PM	3min	
06/01/2012	01:30 PM	2min,48sec	

 9/17/12

 9/18/12

Violation Report: 42B40 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

09/17/2012

1. REGULATION 85 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The fire drill record, which lists fire drills from 8-20-11 through 6-1-12 indicates that no sleeping hours fire drill were conducted.

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 fire drill is scheduled with the local fire safety expert on September 28, 2012 for an annual observation. A drill will be conducted during sleeping hours. Drills during sleeping hours will be conducted in six month intervals to ensure compliance with the regulations. This will be monitored in the Quality Assurance Program and be reviewed by the administrator quarterly. The facility administrator will undergo classes for fire safety and DPW requirements. Documentation of this shall be kept.

9/12/12 - A sleeping hours fire drill was conducted.

Jh
9/18/12

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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The above plan of correction is approved as of 9/18/12
(Date)

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

Plan of correction implementation status as of 9/18/12
(Date)

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

SEP 17 2012

Violation Report: 42940 - 07/26/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2800
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 10-13-2011 does not include diet information.

The medical evaluation for resident #8, dated 6-25-2012 does not include diet information.

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 Directors of Resident Care will undergo re-training training to ensure compliance of all assessments, support plans (RASP), and medical evaluations. The consultant will conduct these classes and re-educate the Directors of Resident Care on how to correctly complete documentation required by the Department of Public Welfare. The consultant will continue to monitor the Directors of Resident Care onsite until they can correctly and accurately complete the information required by DPW. The Consultant will assist the administrator for a period of six months of reviews. Quarterly checks of all support plans (RASP), assessments, and medical evaluations will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.

Immediately - The home will contact the residents physicians to obtain residents' diet information.

J. Gelz

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

Signature of Legal Entity Representative
(Required on EVERY Page)


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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(Date)

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(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 42940 - 07/25/2012 - Whitney, Diane

PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

Western Field Office
Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

~~Resident #2's medical evaluations were completed on 5-10-2011 and 10-13-2011.~~ *Wendy J. [unclear]*

Resident #3's medical evaluations were completed on 7-10-2010 and 9-21-2011.

Resident #4 did not have a medical evaluation completed in 2010 or 2011.

Resident #5 did not have a medical evaluation completed in 2010 or 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.

The Directors of Resident Care will undergo re-training training to ensure compliance of all assessments, support plans (RASP), and medical evaluations. The consultant will conduct these classes and re-educate the Directors of Resident Care on how to correctly complete documentation required by the Department of Public Welfare. The consultant will continue to monitor the Directors of Resident Care onsite until they can correctly and accurately complete the information required by DPW. The Consultant will assist the administrator for a period of six months of reviews. Quarterly checks of all support plans (RASP), assessments, and medical evaluations will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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(Date)

Plan of correction implementation status as of 9/10/12
(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: 42940 - 07/26/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

Western Field Office
Adult Residential Licensing

- (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 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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #4 does not include the diagnosis or purpose for Trazadone 100mg, Omeprazole 20mg, Sinemet 25/100, Aspirin 81mg, Nystatin 100,00, Lisinopril 20mg, Simvastatin 40mg, Buspirone 5mg, Calcium 800mg, Lantus 100U/ml, or Azithromycin 250mg.

The medication administration record for resident #5 does not include the diagnosis or purpose for Levofloxacin 500mg.

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 Directors of Resident Care will undergo re-training training to ensure compliance of the medication record. In this training the Directors of Resident Care will be re-trained on the information required on each medication record. The consultant will continue to monitor the Directors of Resident Care onsite until they can correctly and accurately complete the information required by DPW. The Consultant will assist the administrator for a period of six months of reviews. Monthly checks of all medication records will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator. 9/17/12 - Diagnosis or purpose for all medications have been updated.

updated on MARs.
for 9/18/12

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


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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The above plan of correction is approved as of 9/18/12
(Date)

Plan of correction implementation status as of 9/18/12
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 42940 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

9/17 2012

1. REGULATION 55 Pa.Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

Western Field Office
Adult Residential Licensing

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's current written description of services and activities does not include admission & discharge criteria.

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.

Due to filing and record keeping issues, requested information was not able to be produced at the time of the inspection. A consultant will implement and address all required record keeping according to Department of Public Welfare standards. The consultant has implemented a filing system and is conducting education with the administrator and selected staff. Documentation of these classes shall be kept on file. The consultant will be retained for a period of six months to ensure compliance according to the regulation or until ongoing compliance is met. Please see attached documentation that has been in place for the description of services.

Stephanie Brenner

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stephanie Brenner, Administrator	Date 9/17/12
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(Date)

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(Initials)

Plan of correction implementation status as of 9/19/12
(Date)

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

Violation Report: 42940 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

9/17/2012

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

Western Field Office
Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4's Resident Assessment and Support Plan (RASP), dated 5-1-2012 does not include the resident's need for moderate assistance with transfers, activities of daily living, and nocturnal oxygen use as indicated on the medical evaluation dated 11-4-2011.

Resident #4 does not have a 2010 or 2011 assessment completed.

Resident #5's assessments were completed 2-7-2010 and 6-20-2011.

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.

The Directors of Resident Care will undergo re-training training to ensure compliance of all assessments, support plans(RASP), and medical evaluations. The consultant will conduct these classes and re-educate the Directors of Resident Care on how to correctly complete documentation required by the Department of Public Welfare. The consultant will continue to monitor the Directors of Resident Care onsite until they can correctly and accurately complete the information required by DPW. The Consultant will assist the administrator for a period of six months of reviews. Quarterly checks of all support plans(RASP), assessments, and medical evaluations will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.

9/17/12 - The Assessment for resident #1 has been updated to include identified needs.

J. S. 10/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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(Date)

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(Initials)

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- Partially Implemented - Adequate Progress
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- Not Implemented

Violation Report: 42840 - 07/25/2012 - Whitney, Diane
PCH Name: PLEASANT RIDGE MATURE LIVING

SEP 17 2012

1. REGULATION 55 Pa.Code §2800

2800.227(c) - 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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4 does not have a support plan completed for 2011.

Resident #5's support plans were completed on 2-7-2012 and 6-20-2011.

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.

The Directors of Resident Care will undergo re-training training to ensure compliance of all assessments, support plans(RASP), and medical evaluations. The consultant will conduct these classes and re-educate the Directors of Resident Care on how to correctly complete documentation required by the Department of Public Welfare. The consultant will continue to monitor the Directors of Resident Care onsite until they can correctly and accurately complete the information required by DPW. The Consultant will assist the administrator for a period of six months of reviews. Quarterly checks of all support plans(RASP), assessments, and medical evaluations will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Stephanie Brenner, Administrator

Date 9/17/12

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented