

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GRAND RESIDENCE OF UPPER ST CLAIR INC
LEGAL ENTITY

To operate THE GRAND RESIDENCE AT UPPER ST. CLAIR
NAME OF FACILITY OR AGENCY

Located at 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA 15241
(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 80
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 November 16, 2012 until November 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 432320

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 21 2012

Mr. William R. Polachek, President/CEO
Grand Residence of Upper St. Clair, Inc.
The Grand Residence of Upper St. Clair
45 McMurray Road
Upper St. Clair, Pennsylvania 15241

Dear Mr. Polachek:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 1, 2012 and November 2, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish or initials.

Ronald Melusky
Director

Enclosures
License
Violation Report

NOV 13 2012

Violation Report: 43232 - 11/01/2012 - Goedert, Caroline
 PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit
 Western Field Office
 Residential Licensing

2a. DESCRIPTION OF VIOLATION
 Staff person A accepted and cashed 64 personal checks from resident #1 totaling approximately \$1370 during the time period from 1/04/10 to 2/26/12.

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.

Upon hire, The Grand Residence at Upper St. Clair ran both a Pennsylvania Criminal Background check on Staff A, as well as, a FBI Criminal Background check through the Pennsylvania Department of Aging. Attached you will find copies of these background checks which show that Staff A has no criminal history background, and had met the criteria for employment under the Older Adults Protective Services Act.

In addition, upon hire, Staff A received an employee handbook, along with a memo stating that it is forbidden to accept money, gifts, etc from a resident/guest. Attached is a copy of this memo which Staff A signed within her first two days of training at The Grand Residence. Additionally, updated versions of this policy were issued in March of 2010 and December 2011. Attached you will find a copy of each of these updates which had been signed by Staff A. Further, our Resident's Rights and additional information were presented annually as Staff A completed her Annual Training.

On March 2, 2012, as soon as The Grand Residence Administration was made aware that Staff A had accepted checks from a resident, her employment was terminated. This action happened within minutes of the resident's son approaching the management staff. The Grand Residence contacted the Upper St. Clair Police Department, the Area Agency on Aging Protective Services, and the Pennsylvania Department of Public Welfare.

The Grand Residence at Upper St. Clair reimbursed the money that was accepted by Staff A, and much time was spent fighting Staff A's claim for Unemployment Compensation. (Paperwork is attached for your review.)

The Grand Residence at Upper St. Clair was told by the police department that they were unable to file charges against Staff A, as the resident who had written the checks to her is a cognitive resident who was aware of what [redacted] was doing. In addition, the resident's daughter, who lives locally, had given [redacted] permission to cash the checks. Attached is a letter from the resident's daughter stating that she was aware that her [redacted] was "tipping" Staff A.

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 Date
 (Required on EVERY Page) Melissa P. Filipovic Executive Director 11/13/12

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

The above plan of correction is approved as of 11-14-12 (Date) Plan of correction implementation status as of 11-14-12 (Date)

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

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

RECEIVED

NOV 13 2012

Western Field Office
Adult Residential Licensing

Page 2a of 5

Further, the resident handled [redacted] own financial affairs on a daily basis. This included paying [redacted] own bills and keeping possession of [redacted] own checkbook at all times while residing at The Grand Residence.

The Grand Residence left no stone unturned concerning this incident. Our employees are trained from day one of employment at The Grand that they are not permitted to accept anything from a guest. They are told that such action will lead to immediate termination. In addition, staff is encouraged to come and ask the management staff should a situation present itself where a staff member is unsure of how to respond to a resident. The line of communication is always open with the staff, and Staff A was completely aware of that being the case.

Staff A, as well as all of the employees at The Grand Residence, had and have been informed repeatedly that their employment would/will be terminated should they accept anything from a guest. The pink regulation book is always posted with the mandatory postings, and a copy of the explanation regarding the accepting of gifts and loans as detailed in the RCG, was listed in its entirety on the updated memo dated December 29, 2011.

All new employees at The Grand Residence will continue to be educated and trained on resident rights, including state regulation 2600.20(b)(4), at the beginning of their employment by the Business Manager or her designee (Please see attached). All employees will continue to be trained annually regarding resident rights, including 2600.20(b)(4) by the Business Manager or her designee (Please see attached).



Melissa P. Filipovic
Executive Director

11/13/12

NOV 13 2012

Violation Report: 43232 - 11/01/2012 - Goedert, Caroline
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

1. REGULATION 55 Pa.Code §2600
2600.63(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
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
On 10/20/12 and 10/21/12, from 12:00am through 6:00am, more than fifty residents were present in the home. During this time, the home did not have 2 staff persons present in the home who were certified in first aid.

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.

We believe this violation was in error.
On November 6, 2012, the Business Manager at The Grand Residence at Upper St. Clair faxed letters from [redacted] RN and [redacted] LPN, the Certified CPR/First Aid Instructors who taught classes at The Grand Residence at Upper St. Clair in 2010 and 2011 to Jill Pezzino, of the Western Regional Office of the Department of Public Welfare. They are attached again for your review.

Concerning the violation cited regarding there being no CPR/First Aid trained staff on the midnight shift of 10/19/2012: The staff members in question are [redacted]. Attached you will find copies of the CPR/First Aid cards for each of these employees. Please note that [redacted] were trained by [redacted] RN, and [redacted] was trained by [redacted] LPN.

All direct care and management staff of The Grand Residence at Upper St. Clair receive CPR and First Aid training. The letters provided by [redacted] RN, and [redacted] LPN, attest to the fact that although the cards provided did not specifically list the First Aid certification, all staff, trained by these instructors, have been both CPR and First Aid Trained and Certified. Attached you will find a copy of a CPR and First Aid Handout that each received at the conclusion of their training.

Furthermore, the Business Manager who coordinates the CPR/First Aid training courses will ensure that following each class the correct card which lists both CPR and First Aid Certification will be received for each of the students in the class and kept on their 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) Melissa P. Filipovic Executive Director Date 11/13/12

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

The above plan of correction is approved as of (Date) Plan of correction implementation status as of (Date)
The above plan of correction was approved by (Initials)
Fully Implemented
Partially Implemented - Adequate Progress
Partially Implemented - Inadequate Progress
Not Implemented

Violation Report: 43232 - 11/01/2012 - Goedert, Caroline
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

NOV 13 2012

1. REGULATION 55 Pa. Code §2600

Western Field Office

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

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special 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 (MAR) for resident #2 does not include the diagnosis or purpose for Jalyn 0.5-0.4mg capsule, take one capsule by mouth once daily.

The MAR for resident #3 does not include the diagnosis or purpose for Setraline HCL 100mg tablet, take one tablet by mouth once daily.

The MAR for resident #3 does not include the resident's drug allergy to Penicillin as identified on the medical evaluation dated 1/19/12.

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.

Resident #2 and Resident #3's MARs were updated to include the diagnosis or purpose for Jalyn 0.5-0.4mg capsule and Setraline HCL 100mg tablet on the day of inspection (11/2/12) and a copy was provided for the licensing representative. Another copy is attached.

Resident #3's MAR was also updated to include [redacted] drug allergy to Penicillin on 11/2/12. Attached is a copy.

All resident MARs were reviewed by the Executive Director to ensure that a diagnosis or purpose was included for all medications ordered on 11/5/12.

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)

Melissa P. Filipovic
Executive Director

Date 11/13/12

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

The above plan of correction is approved as of 11-14-12
(Date)

Plan of correction implementation status as of 11-14-12
(Date)

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

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

RECEIVED

NOV 13 2012

Western Field Office
Adult Residential Licensing

Page 4a of 5

When a new medication is ordered for a resident and added to their MAR, our Staff Nurses will ensure it is approved only when it includes a diagnosis or purpose for that medication. This will be initiated starting 11/15/12.

All resident MARs will be reviewed bimonthly by the Guest Services Director to ensure compliance that a diagnosis or purpose is included for each medication administered and that any drug allergies are identified on the MAR for each resident. All resident MARs will be reviewed monthly by the Executive Director to ensure compliance that a diagnosis or purpose is included for each medication administered and that any drug allergies are identified on the MAR for each resident.



Melissa P. Filipovic
Executive Director

11/13/12

NOV 13 2012

Violation Report: 43232 - 11/01/2012 - Goedert, Caroline
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for resident #2, admitted 6/15/12, which includes the determination that the home can meet the resident's service needs, is dated 5/02/12.

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.

Resident #2 had a preadmission screen completed (5/2/12) but was admitted from home to a SNF for rehabilitation. Resident #2's original move in date was scheduled for 5/10/12. On 6/6/12 a screen was also completed by our staff RN but not on the department's form (please see attached). It was determined that Resident #2's needs could be met by The Grand Residence's staff.

For all admissions, a determination shall be made by the Director of Community Development or designee within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

The Director of Community Development or designee will audit the preadmission form to ensure that all information is documented on the form, and the form is completed within 30 days prior to admission. The Director of Community Development or designee will use the department's preadmission screen. The auditing of the date of the preadmission screen will be documented on the Marketing - New Guest Checklist (please see attached).

The Guest Services Director will audit preadmission screens monthly to ensure that they are completed on the department's form and within 30 days prior to admission.

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)

Melissa P. Filipovic
Executive Director

Date 11/13/12

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

The above plan of correction is approved as of 11-14-12
(Date)

Plan of correction implementation status as of 11-14-12
(Date)

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

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