

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELIZABETH SETON CARE CENTER
LEGAL ENTITY

To operate ELIZABETH SETON MEMORY CARE CENTER
NAME OF FACILITY OR AGENCY

Located at 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601
(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 24
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24

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 January 15, 2015 until July 15, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445771

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
ACTING 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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 15 2015

Sister Catherine Meinert, SC/President
Elizabeth Seton Care Center
129 DePaul Center Road
Greensburg, Pennsylvania 15601

RE: Elizabeth Seton Memory Care Center
License #: 445771

Dear Sister Meinert:

As a result of the Department of Human Services' licensing inspection on December 10, 2014 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones / qj".

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

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

PCH Name: ELIZABETH SETON MEMORY CARE CENTER		License Number: 44577
Address: 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601		County: Westmoreland
Administrator: RONALD BERLINGO		Region: WEST
Legal Entity Name: ELIZABETH SETON MEMORY CARE CENTER		
Legal Entity Address: 129 DEPAUL CENTER ROAD, GREENSBURG, PA 15601		
Certificate(s) of Occupancy Other - C2 A2 09/27/1999 Labor & Industry		RECEIVED JAN 23 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 6	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 12/10/2014: Whitney, Diane; Park, Beth		
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: 24 Number of Residents Served: 3 Secured Dementia Care Unit in Home: Yes Area: Memory Care Unit Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 3 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 3 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

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JAN 03 2015

Violation Report: 44577 - 12/10/2014 - Whitney, Diane
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of 55 Pa Code Ch. 2600 was 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 license (when received), a summary of the most current inspection by the Department, and a copy of 55 Pa. Code Ch. 2600 shall be kept on a shelf in the common area of the unit.

These documents will be checked on a daily basis by the Administrator to ensure that they have not been moved. If they have been moved, or are missing, the Administrator will be responsible for returning them to the shelf or replacing them immediately.

Please see attachments.
Date completed: 12.19.2014

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo - Administrator* Date *12/23/14*

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

The above plan of correction is approved as of 1/12/15
(Date)

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

Plan of correction implementation status as of 1/12/15
(Date)

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

Violation Report: 44577 - 12/10/2014 - Whitney, Diane
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The hot water temperature at the bathroom sink in room #168 measured 126.5 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.

All room water temperatures were checked by the maintenance staff, and the necessary adjustments were made to ensure that the water temperatures were within the stated regulatory limits.

Hot Water temperatures will be checked ^{at least} weekly by the Administrator to ensure that the temperatures remain in compliance. If future adjustments are required, the Administrator will have the maintenance staff address it. The Administrator will then re-check temperatures to ensure compliance. Measurements will be taken in multiple areas in the home and at various times of day
See attachment 2a (initial fix) and 2b (re-check)
Completed on 12.12.2014

Hot water temperatures were documented and the administrator or designee will continue to document temperatures including the location where measurements were taken, and the time measurements were taken.

[Signature] 1/12/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ron Berlingo

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

Ron Berlingo - Administrator

Date

12/23/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

1/12/15
(Date)

Plan of correction implementation status as of

1/12/15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

[Handwritten initials] 1/12/15

Violation Report: 44577 - 12/10/2014 - Whitney, Diane
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home did not have a first aid kit.

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 has acquired a first aid kit that contains all items specified in 2600.96(a). The resident care director will be instructed by the Administrator on the requirements of this regulation. The resident care director will make sure that the first aid kit stays fully supplied and up-to-date. When supplies are used from the kit, the resident care director will be responsible for replenishing them, and will monitor the kit at least monthly to ensure it is complete.
See attachments 3a and 3b.
Date completed: 12.23.2014

Handwritten initials and date: 1/12/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berloga*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ron Berloga - Administrator* Date *12/23/14*

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

The above plan of correction is approved as of 1/12/15
(Date)

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

Plan of correction implementation status as of 1/12/15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten mark]*
- Partially Implemented - Inadequate Progress
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Violation Report: 44577 - 12/10/2014 - Whitney, Diane
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The temperature in the walk-in freezer was 5 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 new temperature control part was added to the walk-in freezer to ensure that the temperature remains at or below 0°F. The dietary manager will be responsible for ensuring that daily readings for the walk-in freezer are maintained and read at or below 0°F. If higher readings are shown, the dietary manager will be responsible for calling for repair to alleviate the problem.

See attachment 4a for the invoice for the new temperature control panel and attachment 4b for the record of temperatures at 0°F after the control was installed and adjusted.

Date completed: 12.22.2014

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo - Administrator* Date *12/23/14*

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

The above plan of correction is approved as of 1/12/15
(Date)

The above plan of correction was approved by *R*
(Initials)

Plan of correction implementation status as of 1/12/15
(Date)

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

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JAN 23 2015

Violation Report: 44577 - 12/10/2014 - Whitney, Diane
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures were 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.

Emergency management information was moved from the resident care director's office and placed on a shelf in the common area of the unit. The Administrator and the resident care director will be responsible for ensuring that these documents remain at this location. Should this information go missing, the Administrator will be responsible for replacing it. The information will be monitored at least weekly by the administrator or designee.
See attachment 5.
Date completed: 12.19.2014

Handwritten initials

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingi*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingi - Administrator* Date *12/23/14*

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The above plan of correction is approved as of 1/12/15
(Date)

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(Initials)

Plan of correction implementation status as of 1/12/15
(Date)

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

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JAN 14 2015

Violation Report: 44577 - 12/10/2014 - Whitney, Diane
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

A fire safety inspection and fire drill observed by a fire safety expert has not been 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.

The report of a fire safety inspection and a fire drill conducted by a fire safety expert has been documented on the Department's form. The Administrator will be responsible for ensuring that the annual fire drill and fire safety inspection occur on an annual basis and are documented on the Department's form.

See attachment 6.

Date completed: 12.22.2014

Fire drill and fire safety inspection completed on 12/17/14 by a fire safety expert.

1/2/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ron Berlingo - Administrator*

Date *12/23/14*

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(Date)

Plan of correction implementation status as of *1/12/15*
(Date)

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

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

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JAN 23 2015

Violation Report: 44577 - 12/10/2014 - Whitney, Diane
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.232(a) - The home shall provide exercise space, both indoor and outdoor.

2a. DESCRIPTION OF VIOLATION

The outdoor exercise space is a courtyard; however, the area is not fenced, posing an elopement hazard. There is a retaining wall 12" at each end, up to a height of 39" at the center.

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 will have a fence installed during the week of January 12, 2015. ¹² Following the installation of the fence, the entire courtyard will be enclosed. ^{Per Administration}
The total height of the fence will be 63 inches. Documentation will be ^{sent upon completion of the fence}
See the attached proposal for the building of the fence. ^{1/12/15}

Immediately - Any residents who wish to walk outside in the courtyard prior to completion of the fence will be accompanied by a qualified staff person.

^{1/12/15}

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

Signature of Legal Entity Representative (Required on EVERY Page) Ron Beelings

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ron Beelings - Administrator Date 12/23/14

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

The above plan of correction is approved as of 1/12/15 (Date)

Plan of correction implementation status as of 1/12/15 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress ^{or}
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44577 - 12/10/2014 - Whitney, Diane
PCH Name: ELIZABETH SETON MEMORY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the locking mechanism are not conspicuously posted near the door to the SDCU.

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.

Directions for operating the locking mechanism have been posted above the door. The Administrator will be responsible for ensuring that these directions remain above the door.

See attached photos.
Date completed: 12.12.2014

By 1/31/15 - All staff will be educated on the key locking system and use of the key pad to exit.

1/2/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) Ron Berling

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ron Berling - Administrator Date 12/23/14

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

The above plan of correction is approved as of 1/2/15
(Date)

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

Plan of correction implementation status as of 1/2/15
(Date)

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