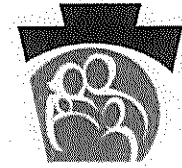




COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES



CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN SENIORCARE
LEGAL ENTITY

To operate WOODSIDE PLACE OF WASHINGTON OF PRESBYTERIAN SENIORCARE
NAME OF FACILITY OR AGENCY

Located at 954 REDSTONE ROAD, WASHINGTON, PA 15301
(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 Assisted Living-Special Care
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 36
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 36

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 24, 2020 until February 24, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450990**

Robert E. Robinson
ISSUING OFFICER

[Signature]
Deputy Secretary

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.

HS 628 - 7/19



Mailing Date: February 25, 2020

Mr. James B. Pieffer
Senior Vice President
Presbyterian Senior Care
954 Redstone Road
Washington, Pennsylvania 15301

RE: Woodside Place of Washington
of Presbyterian Senior Care
Certificate #: 450990

Dear Mr. Pieffer:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 3, 2020, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2800 (relating to Assisted Living Residence), 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 § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences) 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.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Violation Report

Facility Information

Name: *WOODSIDE PLACE OF WASHINGTON OF PRESBYTERIAN SENIOR CARE*

License Number: *45099*

Address: *954 REDSTONE ROAD, WASHINGTON, PA 15301*

County: *WASHINGTON*

Region: *WESTERN*

Administrator

Name: *MARY MURRAY*

Phone: *724-223-5701*

Email: *mmurray@srcare.org*

Legal Entity

Name: *PRESBYTERIAN SENIOR CARE*

Address: *954 REDSTONE ROAD, WASHINGTON, PA, 15301*

Certificate(s) of Occupancy

Type: *I-2*

Date: *12/12/2019*

Issued By: *South Strabane Township*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *0*

Waking Staff: *0*

Inspection

Type: *Initial*

BHA Docket #:

Notice: *Announced*

Reason: *New*

Inspection Dates and Department Representative

02/03/2020 - On-Site: Cindy Mulick, Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36*

Residents Served: *0*

Special Care Unit

In Home: *Yes*

Area: *All SCU*

Capacity: *36*

Residents Served: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

131f Fire extinguisher inspection

Requirements

2800.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

None of the home's fire extinguishers have been inspected or approved by a fire safety expert.

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.)

- | ACTION | OWNER | COMPLETION DATE |
|---|-------------------------------------|-----------------|
| 1. ALL FIRE EXTINGUISHERS WERE PURCHASED FROM ABCD FIRE PROTECTION, INC ON 9/27/19. ADDITIONALLY, ALL FIRE EXTINGUISHERS HAVE BEEN INSPECTED BY A FIRE SAFETY EXPERT, THE S. STRABANE FIRE CHIEF. SEE ATTACHED INVOICE AND LETTER FOR VERIFICATION. | ADMINISTRATOR WITH LOCAL FIRE CHIEF | 2/14/20 |
| 2. ALL FIRE EXTINGUISHERS HAVE BEEN PLACED ON A SCHEDULE TO BE INSPECTED ANNUALLY BY A FIRE SAFETY EXPERT. SEE ATTACHED PREVENTIVE MAINTENANCE WORK ORDER TO ASSURE THAT THIS ANNUAL INSPECTION IS COMPLETED ON TIME. | MAINTENANCE DIRECTOR | 2/19/20 |

Legal Entity Representative

Mary M. Murray
Signature

MARY M. MURRAY
Printed Name and Title

2/19/2020
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/20/2020 (Date)

Plan of correction implementation status as of 2/20/2020 (Date)

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

✓ Implemented
Not Implemented