

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **SENIOR CARE PLAZA ASSOCIATES, INC.**

LEGAL ENTITY

To operate **SENIOR CARE PLAZA**

NAME OF FACILITY OR AGENCY

Located at **624 LYSLE BOULEVARD, MCKEESPORT, PA 15132**

(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 **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 **February 18, 2011** until **February 18, 2012**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **431060**

Robert E. Robinson

ISSUING OFFICER

LC 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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 22 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Matthew Hoffman, Administrator
Senior Care Plaza Associates, Inc.
Senior Care Plaza
624 Lysle Boulevard
McKeesport, Pennsylvania 15132

Dear Mr. Hoffman:

As a result of the Department of Public Welfare's licensing inspection on December 14, 2010 and December 17, 2010 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 Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
INSPECTION DATES (Include all dates of the inspection) 12/14/2010 and 12/17/10		REGIONAL REPRESENTATIVE Dennis Ropot, Nancy Mandock, Dennis Ropot, Nancy Mandock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mark R Hoffman</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jim P. Rooden</i> (P)	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 12/14/10 and 12/17/10 the home's previous inspection report dated 12/14/09 was not posted in a conspicuous and public place in the home. Western Region JAN 28 2011	12/21/10 2-15-11	Inspection report is now hung on the bulletin board in the hall. It is accessible to everyone. The administrator will be responsible for monitor. monitoring will be completed weekly. 1-31-11g	2-4-11 g

Adult Residential Licensing

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
INSPECTION DATES (Include all dates of the inspection) 12/14/2010 and 12/17/10		REGIONAL REPRESENTATIVE Dennis Rapon, Nancy Mandock, Dennis Rapon, Nancy Mandock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Martha R Hoffman</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gr</i>	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>From 12/9/10 to 12/17/10 resident #1's following prescribed medications were not available in the home for administration and not administered: Nisoldipine 20mg, Pantoprazole 40mg and Citalopram 20 mg, each medication is prescribed 1 tab by mouth each day at 8:00 am. The medication errors were not reported to the Department.</p> <p>On 12/9/10 and through 12/17/10, the home failed to report an medication error to the department's regional office for resident # 2.</p> <p align="center">Western Region</p> <p align="center">JAN 28 2011</p>	1/19/11	<p>A) In addition to the monitored shift counts of all medications a process has to be established to review the MARs minimally 3 times weekly for inconsistencies or errors</p> <p>B) All medication errors will be reported to the DPW within the required 24-hour time line</p> <p>C) The Administrator, Assistant Administrator and the director of resident care will be responsible to monitor and insure compliance</p> <p align="right"><i>See page 2 B</i></p>	2-4-11 <i>gr</i>

Adult Residential Licensing

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431069	
INSPECTION DATES (Include all dates of the inspection) 12/14/2010		REGIONAL REPRESENTATIVE Dennis Rapon, Nancy Mandock, Dennis Rapon, Nancy Mandock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Matthew Hoffman</i>			
SIGNATURE OF LEGAL ENTITY <i>Math R Hoffman</i>	DATE 2/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>8</i>	DATE 2-4-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>From 12/9/10 to 12/17/10 resident #1's following prescribed medications were not available in the home for administration and not administered: Nisoldipine 20mg, Pantoprazole 40mg and Citalopram 20 mg, each medication is prescribed 1 tab by mouth each day at 8:00 am. The medication errors were not reported to the Department.</p> <p>On 12/9/10 and through 12/17/10, the home failed to report an medication error to the department's regional office for resident # 2.</p>	<p>2/4/11</p> <p>2/4/11</p> <p>2/4/11</p>	<p>The administrator will file a reportable incident report to the Western Regional office for the medication errors involving resident #1 and #2</p> <p>All staff persons will be educated on the policy and procedures for reportable incidents and conditions. Documentation will be kept.</p> <p>The administrator will ensure that all reportable incidents and conditions as outlined under Chapter 2600.16b are reported to the Department's Western Regional Licensing Office within the required time frame and by the required reporting method.</p>	

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>M. Rapon & N. Mandock</i>	DATE 1/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-4-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	On 12/14/10, at 1:00 pm the resident medication administration records were sitting on top of the medication carts unlocked and accessible residents and visitors. The medication carts are located on the second and third floor in the medication room's. Western Region JAN 23 2011	12/21/10 2-15-11	A) Effective immediately, All MAR's AND All other resident related records will be locked in the care station closet (metal closets) when not in use by authorized personnel B) The Administrator, Assistant Administrator (licensed) and Director of resident care will be responsible to monitor AND ensure compliance All staff persons will be educated on maintaining resident confidentiality including the storage of resident records Documentation will be kept. -THU	2-4-11 g

Adult Residential Licensing

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
designated person, or if a court orders disclosure.				
<p align="center">Western Region</p> <p align="center">JAN 28 2011</p> <p align="center">Adult Residential Licensing</p>				

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mark R Hoffman</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
2068 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Resident's #3 and #4 have not received a quarterly account of financial transactions in 2010. Western Region JAN 28 2011 Adult Residential Licensing	12/21/10 2-4-11	A) SCLP will review all records to make sure that quarterly account reviews are sent to residents as required by 2600-206-4 B) SCLP will send quarterly account reviews to all residents on a consistent basis as required C) The Admin. and Financial Company will insure that this process is done on a quarterly basis Quarterly account statements were provided to residents #3 and #4. 2-4-11	2-4-11 ✓

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Marilyn R. Hoffman</i>	DATE 01/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (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 (under these	Ancillary staff person A did not receive training in fire safety, emergency preparedness procedures, resident rights, Older adult protective services act, falls and prevention and new population groups being served in the home during the 2009 - 2010 training year. Western Region JAN 23 2011 Adult Residential Licensing	2/4/11	A) Ancillary staff member will receive training in fire safety, emergency preparedness procedures, resident rights, protective services and all new residents (as they are admitted) immediately. B) All personal records were reviewed to make sure that training according to 2600-65g is current, documented and up to date. C) The Admin, Asst Admin and Director of Resident care will be responsible to monitor and insure compliance.	2-4-11

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
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SIGNATURE OF LEGAL ENTITY <i>Maureen R Hoffman</i>	DATE 1/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>6</i>	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
regulations). (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.				

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SIGNATURE OF LEGAL ENTITY <i>M. R. Hoffman</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 12/14/10, at 9:45 am, the water temperature at the first floor public bathroom measured 143.7 degrees Fahrenheit. The water temperature in room 202 measured 143.7 degrees Fahrenheit. The water temperature in room 303 measured 144.9 degrees Fahrenheit.	12/14/10	Due to a mechanical error, the hot-water system regulator malfunctioned causing an increase in the water temp on the day of inspection. A plumber was called in and the system was corrected and temperatures returned to the Required 120°F. A process was initiated to check the water temperatures on all floors on a regular weekly basis make sure the temp meets the guidelines as listed in 2600-89b. The administrator will be responsible to monitor this process and	2-4-11 ✓

2-15-11

compliance monitoring will be completed weekly 1-31-11

Western Region

JAN 27 2011

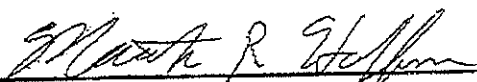
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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132d 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.	The home does not have a written designated safe evacuation time from a fire safety expert within the last year.	2/4/11	A) will have the fire chief complete the following forms Fire Evacuation Time/Fire Safe Area Designation 2600.132(d) and supervised Fire Drill and Fire-Safety Inspection 2600.132(b) B) The Administrator will be responsible to monitor this process and compliance	2-4-11

Western Region

JAN 27 2011

Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY <i>Marc R Koffman</i>	DATE 1/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>g</i>	DATE 2-4-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
	<table> <tr> <th>Month</th><th>Date</th><th>Time</th><th>Evac. Time</th><th>FSE</th></tr> <tr><td>Jan</td><td>01/19/2010</td><td>01:00 PM</td><td>3:30</td><td>Yes</td></tr> <tr><td>Feb</td><td>02/03/2010</td><td>06:00 PM</td><td>3:50</td><td>Yes</td></tr> <tr><td>Mar</td><td>03/10/2010</td><td>09:00 PM</td><td>3:45</td><td>Yes</td></tr> <tr><td>Apr</td><td>04/17/2010</td><td>11:00 AM</td><td>3:25</td><td>Yes</td></tr> <tr><td>May</td><td>05/13/2010</td><td>12:00 AM</td><td>3:50</td><td>Yes</td></tr> <tr><td>Jun</td><td>06/08/2010</td><td>05:45 PM</td><td>3:45</td><td>Yes</td></tr> <tr><td>Jul</td><td>07/05/2010</td><td>12:15 PM</td><td>3:25</td><td>Yes</td></tr> <tr><td>Aug</td><td>08/15/2010</td><td>04:30 PM</td><td>3:45</td><td>Yes</td></tr> <tr><td>Sep</td><td>09/08/2010</td><td>07:15 PM</td><td>3:40</td><td>Yes</td></tr> <tr><td>Oct</td><td>10/09/2010</td><td>10:00 AM</td><td>3:15</td><td>Yes</td></tr> <tr><td>Nov</td><td>11/04/2010</td><td>12:00 AM</td><td>3:50</td><td>Yes</td></tr> <tr><td>Dec</td><td>12/03/2010</td><td>01:00 PM</td><td>3:25</td><td>Yes</td></tr> </table> <p>Western Region</p> <p>JAN 20 2011</p> <p>Adult Residential Licensing</p>	Month	Date	Time	Evac. Time	FSE	Jan	01/19/2010	01:00 PM	3:30	Yes	Feb	02/03/2010	06:00 PM	3:50	Yes	Mar	03/10/2010	09:00 PM	3:45	Yes	Apr	04/17/2010	11:00 AM	3:25	Yes	May	05/13/2010	12:00 AM	3:50	Yes	Jun	06/08/2010	05:45 PM	3:45	Yes	Jul	07/05/2010	12:15 PM	3:25	Yes	Aug	08/15/2010	04:30 PM	3:45	Yes	Sep	09/08/2010	07:15 PM	3:40	Yes	Oct	10/09/2010	10:00 AM	3:15	Yes	Nov	11/04/2010	12:00 AM	3:50	Yes	Dec	12/03/2010	01:00 PM	3:25	Yes			
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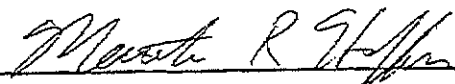
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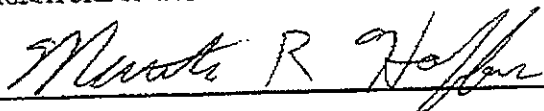

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SIGNATURE OF LEGAL ENTITY 	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION /	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #3, dated 2/25/10, does not include a medication regimen. Western Region JAN 27 2011	1/19/11	A) A medication regimen was attached to the medical eval. for resident #3 but not signed. The medical eval. was sent to the physician for signing and confirmation of the information. B) All medical evaluations for all residents will be reviewed for compliance. All future medical evaluation will be proofed for compliance on all residents upon admission. C) The administrator And Director of resident care (LPH) will be responsible to monitor And insure compliance.	2-4-11 g

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
INSPECTION DATES (include all dates of the inspection) 12/14/2010 and 12/27/10		REGIONAL REPRESENTATIVE Dennis Rapon, Nancy Mandock, Dennis Rapon, Nancy Mandock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)		DATE COMPLIANCE VERIFIED BY
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
INSPECTION DATES (include all dates of the inspection) 12/14/2010 and 12/17/10		REGIONAL REPRESENTATIVE Dennis Ropos, Nancy Mandock, Dennis Ropos, Nancy Mandock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mark R Hoffman</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
185c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	On 11/23/10, the home received a verbal order for Novolin 70/30 for resident # 4. The home has not received a written order from an authorized prescriber for the change. Western Region JAN 2 - 2011	1/19/11 2-15-11	A Signed Authorization from A PHYSICIAN HAS BEEN ACCEPTED for resident #4 AS PER 2600.186c All verbal orders will be followed by a signed Authorization immediately AS required. All resident records will be reviewed to insure compliance AND verify written orders AS required The Administrator AND Director of Resident Care will be responsible to monitor and Insure compliance The Administrator will monitor monthly 1-31-11	2-4-11

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
INSPECTION DATES (include all dates of the inspection) 12/14/2010 and 12/17/10		REGIONAL REPRESENTATIVE Dennis Rapon, Nancy Mandock, Dennis Rapon, Nancy Mandock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Mandock R Hoffman</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>g</i>	DATE 2-4-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	From 12/9/10 to 12/17/10 resident #1's following prescribed medications were not available in the home for administration and not administered: Nisoldipine 20mg, Pantoprazole 40mg and Citalopram 20 mg, each medication is prescribed 1 tab by mouth each day at 8:00 am. Western Region JAN 2 - 2011 Adult Residential Licensing	1/19/11 2-15-11	a) In addition to the monitored shift counts of all medications, a process has been established to review the MARS minimally 3 times weekly for inconsistencies or errors. b) All medication errors will be reported to DPW within the required 24 hr time line. c) The Administrator, Assistant Administrator (licensed), and Director of Resident Care will be responsible to monitor and insure compliance. The Administrator or designee will monitor monthly. 1-31-11	Steps have been taken to correct violation; full compliance is not verifiable 2-4-11 Date Initials (DPW)

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>G. Mark R. Hefner</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	From 12/9/10 to 12/17/10 resident #1's following prescribed medications were not available in the home for administration and not administered: Nisoldipine 20mg, Pantoprazole 40mg and Citalopram 20 mg, each medication is prescribed 1 tab by mouth each day at 8:00 am. The medication errors were not reported to the resident, the resident's designated person or the physician. Western Region JAN 2 2011 Adult Residential Licensing	1/19/11 2-4-11	a) In addition to the monitored shift counts of all medications, a process has been established to review the MARs minimally 3 times weekly for inconsistencies or errors. b) All medication errors will be reported to the DPW within the required 24hr timeline. c) The Administrator, Assistant Administrator, & Director of Resident Care will be responsible to monitor and insure compliance. This medication error was reported to the residents physician 2-4-11	Steps have been taken to correct violation; full compliance is not verifiable 2-4-11 Date Initials (DPW)

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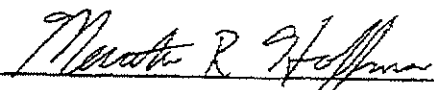
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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
INSPECTION DATES (include all dates of the inspection) 12/14/2010 and 12/15/10		REGIONAL REPRESENTATIVE Dennis Rapon, Nancy Mandock, Dennis Rapon, Nancy Mandock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>J. Mandock R. G. Hoffman</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 8	DATE 2-4-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
188c Documentation of medication errors and the prescriber's response shall be kept in the resident's record.	From 12/9/10 to 12/17/10 resident #1's following prescribed medications were not available in the home for administration and not administered: Nisoldipine 20mg, Pantoprazole 40mg and Citalopram 20 mg, each medication is prescribed 1 tab by mouth each day at 8:00 am. Staff persons C and D recorded the medications as being administered even though the medication was not available. Western Region JAN 2 - 2011 Adult Residential Licensing	1/19/11 2-15-11	a) In addition to the monitored shift counts of all medications, a process has been established to review the MARS minimally 3 times weekly for inconsistencies or errors. b) In addition to disciplinary actions, additional training has been conducted with staff members C and D regarding medication distribution etc. All medication errors will be reported to the DPW within the required 24 hr timeline. c) The Administrator, Assistant Administrator (licensed), and Director of Resident Care (LAW) will be responsible to monitor and insure compliance. monitoring will be conducted at least monthly. 2-4-11	Steps have been taken to correct violation; full compliance is not verifiable. 2-4-11 Date: Initials (DPW)

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
188d There shall be a system in place to identify and document medication errors and the home's pattern of error.	From 12/9/10 to 12/17/10 resident #1's following prescribed medications were not available in the home for administration and not administered: Nisoldipine 20mg, Pantoprazole 40mg and Citalopram 20 mg, each medication is prescribed 1 tab by mouth each day at 8:00 am. Staff persons C and D recorded the medications as being administered even though the medication was not available. There was no system in place to identify and document the medication errors or the pattern of errors. Western Region JAN 2 2011	1/19/11 2-15-11	a) In addition to the monitored shift counts of all medications, a process has been established to review the MARs minimally 3 times weekly for inconsistencies or errors. b) In addition to disciplinary actions, additional training has been conducted with staff members C and D regarding medication distribution etc.. All medication errors will be reported to the DPW within the required 24 hr timeline. c) The Administrator, Assistant Administrator (if censed) and Director of Resident Care (AP) will be responsible to monitor and insure compliance - monitoring will be conducted at least monthly. 2-4-11	Steps have been taken to correct violation; full compliance is not verifiable. 2-4-11 Date Initials (DPW)

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132		CURRENT LICENSE NUMBER 431060	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Martha R Hoffman</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2-4-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	<p>Resident #1 is prescribed Nisoldipine 20mg, Pantoprazole 40mg and Citalopram 20 mg, each medication is prescribed 1 tab by mouth each day at 8:00 am. The medications have not been administered as prescribed to the resident from 12/9/10 through 12/17/10.</p> <p>Resident #2 is prescribed Vitamin D 50,000 unit cap, Lasix 20 mg Tab and Synthroid 25mcg Tab, each medication is prescribed every day at 9:00 am. The medications were not administered to the resident from 12/7/10 through 12/17/10.</p> <p align="center">Western Region</p> <p align="center">JAN 2 2011</p>	1/19/11	<p>a) In addition to the monitored shift counts of all medications, a process has been established to review the MARs minimally 3 times weekly for inconsistencies or errors.</p> <p>b) Additional training has been conducted with all med. Passers regarding medication distribution, etc. All medication errors will be reported to the DPW within the required 24hr timeline.</p> <p>c) The Administrator, Assistant Administrator (licensed) and Director of Resident Care (LPN) will be responsible to monitor and insure compliance. Monitoring will be conducted at least monthly. 2-4-11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>2-4-11</p> <p>Date Initials (DP)</p>

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