#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

### CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SENIOR CARE PLAZA ASSOCIATES, INC.
To operate SENIOR CARE PLAZA
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  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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  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
and shall remain in effect from February 18, until February 18, unless sooner revoked for non-compliance with applicable laws and regulations.
No: 431060
Robert E. Robinson LC W

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.



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

ADULT RESIDENTIAL LICENSING

FEB 2 2 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,

Ronald Melusky Acting Director

Enclosures License Violation Report

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01/20/2011 13:27

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

Page I of 18

	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)	l'		REPRESENTATIVE	ennisRopon, Nancy Ma	adocik ·		
PRINTED NAME AND representatives produce	D TITLE OF LEGAL ENTITY REPRESE the plan)	NTATIVE	SIGNUNG	PLAN OF	CORRECTION (Requi	red on FIRST PAGE on	ly unless multipie	
SIGNATURE OF LEGAL ENTITY DATE  Mache R Hoffman 1/27/1/				REGIONAL CORRECT		VAL OF PLAN OF	DATE (+) 2-4-//	
processor !	1 offmar	1,000			- jan P A	- Comment of the comm		
REGULATION 55 PaCode §2600	VIOLATION		COMP	ATE LIANCE FIED BY	(include a step-by-step violation, as well as a	CORRECTION plan to correct the spec plan to assure the wola not recur)		
The personal care home shall post the current	On 12/14/10 and 12/17/10 the hoprevious inspection report dated 12/14/09 was not posted in a conspicuous and public place in the second conspicuous and pu		12/21	/10	in the hall-	efolt is now bulletin bod It is ACLOSS.	ille	
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.	home.		2-15	~4	to Everyone The pominist responsible to monitoring we weekly. 1-31-11	rator will be a monitor	2-4-11 8	
W	estern Region							
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#### VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

Page 2 of t8

2-4-11

NAME AND ADDRESS OF PERSONAL CARE HOME CURRENT LICENSE NUMBER SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132 431060 REGIONAL REPRESENTATIVE INSPECTION DATES (Include all dates of the inspection) 12/14/2010 and 12/17/10 Dennis Ropon, Nancy Mandock, Dennis Ropon, 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) REGIONAL LICENSING APPROVAL OF PLAN OF DATE DATE SIGNATURE OF LEGAL ENTITY CORRECTION Mathe & Hoffman 1/27/11

REGULATION 55 Pa.Code \$2600	<b>V</b> IOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to connect the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
The frome shall report the incident or condition to the Department's personal care frome regional office or the personal care frome complaint hotifine within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines it § 2600.15 (reating to abuse reporting covered by law).	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 \$:00 am. The medication errors were not reported to teh Department.  On 12/9/10 and through 12/17/10, the home failed to report an medication error to the departments regional office for resident # 2.  Western Region	1/19/11	A) In addition to the monitorial Shift counts of All Medications A process has to be established to review the MAR's minimally 3 times weekly for inconsistencing or errors B) All medication errors will be reported to the DPW within the required 241-hour time lite b) The Administrator, Assistant Administrator and the director of resident care will be responsible to monitor and I sure compliance	2-4-11 q
	JAN 2 8 2015		See page 2 B	

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

Page 20£18

NAME AND ADDRES	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)		Dennis Rope		nnisRopon, Nancy Mandoc			
PRINTED NAME AND representatives produce	MAtthew Hott	SIGNIN MAA				DATE		
SIGNATURE OF LEG		/11_	CORRECTI	LICENSING APPROV ON	AL OF ELAN OF	2-4-4		
REGULATION 55 Pa.Code \$2600  16c  The home shall report the incident or condition to the Department's personal care home	VIOLATION  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	COM VER	DATE IPLIANCE IFIED BY	(include a step-by-step violation, as well as a does  The administrator incident report to to office for the mediant violving resident.  All staff persons well as a step-by-step with the does does does does does does does doe	#1 and #2  #ill be educated on the	DATE COMPILANCE VERIFIED BY		
regional office or the personal care home complaint hotline within 24 hours in a manuer designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	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 teh Department.  On 12/9/10 and through 12/17/10, the home failed to report an medication error to the departments regional office for resident # 2.	3/	hi/11 hi/11	incidents and condition will be administrator reportable incident outlined under Chargoried to the De Regional Licensin	ill be kept.  will ensure that all this and conditions as mapter 2600.16b are epartment's Western by Office within the me and by the requiret.			
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## VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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1	SS OF PERSONAL CARE HOME ZA, 624 LYSLE BOULEVARD MCKEES	SPORT, PA	15132			CURRENT LICENSE NU 431060	MBER
	INSPECTION DATES (Include all dates of the inspection) 12/14/2010 and 12/17/10					emisRopon, Naucy Mandoc	k
PRINTED NAME AN representatives produc	ED TITLE OF LEGAL ENTITY REPRESO e the plan)	ENTATIVI	e Signin	g plan of	CORRECTION (Require	red on FIRST PAGE only un	less multiple
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1 with	& Hoffen	1/2)	///				2-4-11
REGULATION 55 Ra.Code §2600	VIOLATION		COME	ATE LIANCE FIED BY	(include a step-by-step violation, as well as a	CORRECTION plan to correct the specific plan to assure the violation not recur)	DATE COMPLIANCE VERIFIED BY
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 ornbudsman without the written consect 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 residence medication administration records sitting on top of the medication cauniocked and accessible resident visitors. The medication carts are located on the second and third for the medication room's.  Western Region JAN 23 2011	s were arts ts and e loog in	2-15		A) Effective important in the care in the by authorial director of responsible and insure	mediately, All  other resident.  other resident.  smill be locked  other resident.  man not in  orierd personel  istrator, assistant  (licensed) and  sident care will  to monital  compliance	2-4-11 8
	Adult Residential Licen	sina -	L	<del></del>			

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

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	S (Include all dates of the inspection)	Arthry 13135	·	PRESENTATIVE	431060	
12/14/2010 and is	717/10		Dennis Ropon,	Nancy Mandock De	nnisRopon, Nancy Mando	
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REGULATION 55 Fa. Code §2600 designated person, or if a count orders disclosure.	VIOLATION	COMP	ATE (inc	lude a step-by-step p lation, as well as a pl	ORRECTION  In to correct the specific an to assure the violation of recur)	DATE COMPLIANCE VERIFIED BY
	tern Region					;

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

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NAME AND ADDRESS SENIOR CAREPLAZ	SS OF PERSONAL CARE HOME A, 624 LYSLE BOULEVARD MCKEES	PORT, PA			CURRENT LICENSE NUI 431060	MBER	
INSPECTION DATES	(Include all dates of the inspection)			L REPRESENTATIVE pon, Nancy Mandock, Do	nnisRopon, Nancy Mandock	Σ	
PRINTED NAME AN representatives produce	D TITLE OF LEGAL ENTITY REPRES: e the plan)	<b>EN</b> TATIVE	SIGNIN	g plan of	CORRECTION (Requir	ed on FIRST PAGE only un	less multiple
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REGULATION 55 Pa.Code \$2600	VIOLATION		COM	ATE PLIANCE FIEÙ BY	(include a step-by-step violation, as well as a does	CORRECTION plan to correct the specific plan to assure the violation not recur)	DATE COMPLIANCE VERIFIED BY
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 trass.	Resident's #3 and #4 have not real quarterly account of financial transactions in 2010.	eceived		4-4	to make sule Account review. residents as 2600-206-8 B) SCP will so reviews to a consistent a c) The Admin. Company wi this placess guartely bas acounterly bas	end quartly account to residents on A basis as required pull financial il insure that is done on A six	]
	AN 2 3 2011 esidential Licensing		2	<b>¬</b> -₩	Wase provid	elto Peridents	

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### VIOLATION REPORT PERSONAL CARE HOMES - 55 PacCode Chapter 2609

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132					CURRENT LICENSE NO 431056	JMBER .
INSPECTION DATES (Include all dates of the inspection) REGIONAL REPRESENTATIVE 12/14/2010 And 12/17/10 Dennis Ropon, Nancy Mandock, Dennis						zk
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SIGNATURE OF LEG		DATE	·	REGIONA CORREC	al licensing approval of plan of Fion	DATE
1 Courte	R Haffman	01/28/	<i>[ [</i>		4	2-4-4
REGULATION 55 Pa.Code §2600	VIOLATION		COM	ATE LIANCE FIED 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
Direct care staff persons, anoillary staff persons, anoillary staff persons, substitute personnel and regularly-solveduled volumisers shalt be trained amusually in the following areas: (1) Fire safety completed by a fire safety expart or by a staff person brained by a fire safety expart. (2) Emergency preparedness procedures and recognition and response to prices and emergency situations. (3) Resident rights (under these	Ancillary staff person A did not re training in fire safety, emergency preparedness procedures, reside rights. Older adult protective servact, falls and prevention and new population groups being served in home during the 2009 - 2010 frail year.  Western Region  JAN 2 3 2011	nt fices n the ning	a/4/	(11	A) Ancillary State member Will recieved training in file safety emorgency preparednes procedure regident rights, protective sundary and all new residents fas they are admitted) immediately by All personal records were reviewed to Make sure the training according to	2-4-11
<del></del>	Adult Residential Licensin	10	<del></del>	<del></del>	<del>.</del>	· · · · · · · · · · · · · · · · · · ·

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### 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 NUM 431060						
INSPECTION DATES	(Include all dates of the inspection)		REGIONAL Deamis Ropo	REPRESENTATIVE n, Nancy Mandock, DennisRopo		
PRINTED NAME AND representatives produce	TITLE OF LEGAL ENTITY REPR	ESENTATIVE SIGNI	ng plan of c	ORRECTION (Required on FIF	ST PAGE only and	es multiple
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REGULATION 55 Pa.Code \$2600	VIOLATION		DATE MPLIANCE RIFIED BY	PLAN OF CORREC (include a step-by-step plan to a violation, as well as a plan to a does not recur	correct the specific i	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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#### VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRE SENIOR CARE PLAZ	SS OF PERSONAL CARE HOME A, 624 LYSLE BOULEVARD MCKEES	PORT,PA 15132	<u></u>	431060	Meek		
INSPECTION DATES	(Include all dates of the inspection)			REGIONAL REPRESENTATIVE Desmis Ropon, Nancy Mandock Desmis Ropon, Nancy Mandock			
PRINTED NAME AN representatives produc		entative signi	NG PLAN O	F CORRECTION (Required on FIRST PAGE only u	nless multiple		
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Musen	K ltypn	1/01/11			12 7		
REGULATION 55 Fa.Code §2600	VIOLATION		DATE MPLIANCE RIFIED 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		
39b  Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 12/14/10, at 9:45 am, the watemperature at the first floor publication measured 143.7 degree Fahrenheit. The water temperature room 202 measured 143.7 degree fahrenheit. The water temperature room 303 measured 144.9 degree fahrenheit.	lic ees ure in ees ure in	114/10	Due to a mechanical error, the not-mater system regulate 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	2-4-11		
estern Regi	p <sup>i</sup>			Required 120 F A Process was initiated to check The process was initiated to check	-		
JAN 2 2 2011	* · · · · · · · · · · · · · · · · · · ·			floors on A regular weekly basis make sore He temp. meets the suidelines as listed			
IIt Residential Lice	hsing			in 2600-896 The administrator will be respond to monitor this proces and	1		
		2	- (5-11	complaince monitoring with the completed workly 1-31-114			

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

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NAME AND ADDRES SENIOR CARE PLAZA	S OF PERSONAL CARE HOME A, 624 LYSLE BOULEVARD MCKEES	PORT, PA	15132	CURRENT LICENSE NU 431060	MBER
INSPECTION DATES	(Include all dates of the inspection)		REGIONA Dennis Ro	L REPRESENTATIVE pon, Nancy Mandock, DennisRopon, Nancy Mandock	
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March	- R Goffm	1/27	///		7-4-4
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
Residents shall be able to evacuate the entire building to a public theroughtere, or to a fire-safe area designated in writing	The home does not have a writt designated safe evacuation time fire safety expert within the last	e from a	2/4/11	A) will have the fire chief complete the following folms Fire Evacuation Time/Fire Safe Area Designation 2600.132(d) and	2-4-11
within the past year by a fine safety expert within the period of time specified in writing within the past year by a fire safety expert.				Supervised Fire Dill And Fire-Safety Inspection 2600.132 (b) B) The Administrator will be responsible to monitor this	
W	estern Region	•		Process And compliance	
	JAN 2 2 2011				

#### VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa Code Chaptur 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE PLAZA, 624 LYSLE BOULEVARD MCKEESPOR	T, PA 15132		E .	CURRENT LICENSE NUM 131060	BER	
INSPECTION DATES (include all dates of the inspection)  REGKONAL REPRESENTATIVE  Dennis Ropon, Nancy Mandock, Dennis Ropon, Nancy Mandock						
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENT representatives produce the plan)	iative skinin		_			
SIGNATURE OF LEGAL ENTITY DA	ATE	REGIONAL CORRECTION	LICENSING APPROV. M	al of Plan Of	DATE	
Maret R Hoffen	1/27/11	<u> </u>			2-4-4	
REGULATION VIOLATION	COM	DATE PLIANCE IFIED BY	(include a step-by-step violation, as well as a p	CORRECTION plan to correct the specific plan to assure the violation pot recar)	DATE COMPLIANCE VERIFIED BY	
Mort   Date   Time   Evac. Time   Jan   01/19/2010 01:00 PM   3:30	FSE Yes					
Adult Residential Licensing						

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

Page 11 of 18

NAME AND ADDRESSENIOR CAREPLAZ	S OF PERSONAL CARE HOME A, 624 LYSLE BOULEVARD MCKEES	POKT, PA	15132			CURRENT LICENSE NUI 431060	ABER
	(Include all dates of the inspection)				L REPRESENTATIVE con, Nancy Mandock, D	emisRepon, Nancy Mandock	
PRINTED NAME AND representatives produce	D TITLE OF LEGAL ENTITY REPRESE the plan)	ENTATIVE	SIGNING	G PLAN OF	CORRECTION (Requi	ired on FIRST PAGE only unl	ess multiple
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1 Maria	- Colffer		<u></u>				
REGULATION 55 Pa.Code §2600	VIOLATION		COM	ATE PLIANCE FIED BY	(include a step-by-ste violation, as well as a doc	CORRECTION  p plan to correct the specific  a plan to assure the violation  s not recur)	DATE COMPLIANCE VERIFIED BY
14ia he 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 reside dated 2/25/10, does not include a medication regimen.  VVestern Reg;	a	1/19/		Astrached to fi for sesidant. Signed. The m Sent to the h And confirman B) All medical residents will for compliance medical available upon admission	trator and Director Are (LPA) will be monitor and	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SENIOR CARE FLAZA, 624 LYSLE BOULEVARD MCKEESPO		431060	DENDER
INSPECTION DATES (Include all dates of the inspection) 12/14/2013 and 12/17/10		REGIONAL REPRESENTATIVE Dennis Ropon, Nancy Mandock, Dennis Ropon, Nancy M	ī
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVES produce the plan)	ntative signin		
SIGNATURE OF LEGAL ENTITY	DATE 1/2/11	REGIONAL LICENSING AFPROVAL OF PLAN OF CORRECTION	DATE 2-4-11
Illerte K Hoffen	13//1		7 12 -4 (1

REGULATION 55 Pa.Code \$2600	VIOLATION	DATE COMPILANCE VERIFIED BY	PLAN OF CORRECTION  (include a step-by-step plan to consect the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history.  [7] Madication regress, contraindication 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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### VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa.Code Chapter 2506

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NAME AND ADDRESS	S OF PERSONAL CARE HOME A_624 LYSLE BOULEVARD MCKEESI	PORT, PA	15132	CURRENT LICENSE NU 431060	KBER
INSPECTION DATES	(Include all dates of the inspection)		REGIONAL Dennis Rop	REPRESENTATIVE on, Nancy Mandock, DennisRopon, Nancy Mandock	
PRINTED NAME ANI representatives produce	TITLE OF LEGAL ENTITY REPRESE the plan)	ntatives	igning plan of	CORRECTION (Required on FIRST PAGE only un	less munple
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Marsel	- R Hollma	1/27/	(1)	- g	7-4-11
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
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 musses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home	On 11/23/10, the home received order for Novolin 70/30 for reside The home has not received a wrorder from an authorized prescrithe change.  VVOSTGTN Factors	ent#4. itten berfor	1/19/11	A Sisted Authoritation from A physician has been A goiro for resident #4 as per 2600.186 All verbal orders will be follow pyth Sisned Authorization immediately as required. All resident records will be reviewed to insure complimed And verify written orders as required.  The Administrator and Direct Of Resident Care will be resident care will be resident care will be respected to monitary and	2-4-11
receives written notice of the charge.	JAN 2 - ogst		2-15-11	Insure conplinee The administrator will monitor montally 1-31-11 of	

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

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INSPECTION DATES (include all dates of the inspection) 12/14/2010 and salestee		REGIONAL REPRESENTATIVE	<del></del>	
		Dennis Ropon, Nancy Mandock, De	ennisRopon, Nancy Mandoci	k
PRENTED NAME AND TITLE OF LEGAL ENTITY REPRESENT REPRESENTATIVES produce the plan)	TATIVE SIGNIN	G PLAN OF CORRECTION (Requir	ed on FIRST PAGE only un	less multiple
Marsha R Hefferen	ATE /27/11	REGIONAL LICENSING APPROV CORRECTION	VAL OF PLAN OF	DATE 2-4-()

REGULATION 55 Pa. Code §2690	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
The home shall develop and implement procedures for the safe storage, access, security, distribution and use of 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.	1/19/11	reported to DAM within the required 24 hr time like.	3
	Western Region  JAN 2 2011  Adult Residential Licensing	2-15-11	OThe Administrator, Assistant Administrator (licensed), and Director of Resident Care will be responsible to monitor and insure compliance. The Ad ministrator of designer will monitor monthly. (-71-11)	makes showing to a skipping and the skip

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

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	PERS	MES-33 Pact	ode Chapter 2600	Page 15-of	18			
	SS OF PERSONAL CARE HOME ZA, 624 LYSLE BOULEVARD MCKEE	SPORT, PA 15	132		CURRENT LICENSE NO 431060	MBER		
INSPECTION DATE 12/14/2010 And /2	S (Include all dates of the inspection)			REGIONAL REPRESENTATIVE Deunis Ropon, Namey Mandock, Dennis Ropon, Namey Mandock				
PRINTED NAME AN representatives produc	ID TITLE OF LEGAL ENTITY REPRES to the plan)	entative sign	NING PLAN O	CORRECTION (Require	ed on FIRST PAGE only an	iless multiple		
SIGNATURE OF LEG	CALENTITY  2 Staff	DATE 1/27/11	REGIONA CORRECT	L LICENSING APPROV TION	al of plan of	DATE 2 - 4 - 9		
REGULATION 55 Pa.Code §2600	VIOLATION	:	DATE OMPLIANCE ERIFIED BY	(înclude a step-by-step processed as a p	CORRECTION plan to correct the specific dan to assure the violation not recur)	DATE COMPLIANCE VERIFIED BY		
A medication error shall be insuediately reported to the resident, the resident's designated person and the prescriber.	From 12/9/10 to 12/17/10 reside following prescribed medications not available in the home for administration and not administration and not administration and not administration and not administration and citalopram 20 mg, each me is prescribed 1 tab by mouth each second and. The medication errors not reported to the resident, the resident's designated person or physician.  Western Pagion  JAN 2 2011	were  red: 40mg dication ch day at were the	/19/11 2-4-4	process has be review the MA times weekly or errors.  b) All medication reported to the required of the required to the Administrator, Resident core	all medications in the terminally of for manager will be the DPW within the templant of will be responsible and maure confliment the templant the templan	Steps have been take correct violation; full compliance is not yell cate in infitials	maı	
A	dult Residential Licensing							

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#### VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa.Code Chapter 2500

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NAME AND ADDRES SENIOR CAREPLAZA	S OF PERSONAL CARE HOME A, 624 LYSLE BOULEVARD MCKEES	PORT, PA	15132			CURRENT LICENSE NUI 431060	VIBER
المن الحد المن 12/14/ <b>201</b> 0 عمد 12/1				REGIONAL REPRESENTATIVE Dennis Ropon, Nancy Mandock, Dennis Ropon, Nancy Mandock			
PRINTED NAME AND representatives produce	OTITLE OF LEGAL ENTITY REPRES (the plan)	ENTATIVE	SIGNIN	G PLAN OF	CORRECTION (Requi	red on FIRST PAGE only und	less multiple
SKENATURE OF LEGAL ENTITY DATE		DATE		REGIONAL	LLICENSING APPRO ION	VAL OF PLAN OF	DATE
Marts	R Gfffm	1/27/	///				7-4-4
REGULATION 55 Pa. Code § 2600	VIOLATION		COM	DATE PLIANCE IFIED BY	(include a step-by-ste violation, as well as	CORRECTION  p plan to correct the specific  a plan to assure the violation  s not recur)	DATE COMPLIANCE VERIFIED BY
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 reside following prescribed medications not available in the home for administration and not administration and not administration and Citatopram 20 mg, each make prescribed 1 tab by mouth ea 8:00 am. Staff persons C and I recorded the medications as be administered even though the medication was not available.  SIGNT REGION	ered: 40mg edication ch day at	1/19	7/11	a process he to review the times week! or errors.  b) In addition actions, and been conductioners in medication or medication or the DPW!  24 hr time!  OThe Administrate Director of will be rese	nito the monitored is of all medications, as been established the MAR's minimally 3 by for inconsistencing to checipinary to checipinary has checipinary that is not a reported with strational training has reported with the required motor, Assistant and Resident Care (LPN) consible to monitor compliance	Staps have been to correct violation; ful compliance is not yellow.
ىد.ن.∆			2	-15-11		ill be conducted	
	Residential Licensing		1		D.E In a ce as	on 11/4. 24-11	. ·

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

Page 17 of 18 NAME AND ADDRESS OF PERSONAL CARE HOME CURRENT LICENSE NUMBER SENIOR CAREPLAZA, 624 LYSLE BOULEVARD MCKEESPORT, PA 15132 431060 INSPECTION DATES (Include all dates of the inspection) REGIONAL REPRESENTATIVE 12/14/2010 and 12/17/10 Dennis Ropen, Nancy Mandock, Dennis Ropen, 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 REGIONAL LICENSING APPROVAL OF PLAN OF DATE CORRECTION Month R Hollman

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
There shall be a system in place to identify and decument 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.  VVESTERN ROGION	2-15-4	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 inconsistences or errors.  b) In addition to disciplinary acting additional training has been conducted with staff members C and D regarding medication distribution etc. All medication errors will be reported to the DRW within the required 24 hr timeline.  c) The Administrator, Assistant Administrator (il censes) and Director of Resident Care (IAN) will be responsible to monitor and maire compliance:  mairery will be condected At last man 166, 24119	Correct Violation; tuli compliance is not verificate initials (C

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

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NAME AND ADDRES	SS OF PERSONAL CARE HOME A, 624 LYSLE BOULEVARD MCKEESPORT, PA	15132	CURRENT LICENSE NUMBER 431060				
NSPECTION DATES (Include all dates of the inspection) 12/14/2010 and 12/12/16			REGIONAL REPRESENTATIVE  Dennis Ropon, Nancy Mandock, Dennis Ropon, Nancy Mandock				
PRINTED NAME AN representatives produc	D TITLE OF LEGAL ENTITY REPRESENTATIVE e the plan)	SIGNING	PLAN OF	CORRECTION (Requi	red on FIRST PAGE only un	less multiple	
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Martho	R Hoffma 1/27/	11				2-4-4	
REGULATION 55 Pa.Code §2600	VIOLATION	COMPL	TE IANCE ED BY	(include a step-by-ste violation, as well as a docu	CORRECTION p plan to correct the specific plan to assure the violation not recur)	DATE COMPLIANCE VERINIED BY	
187d The borne shall follow the directions of the prescriber.	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.  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.	1/19/	(11	Shift counts a process in to review the 3 times weed or errors.  b) Additional conducted Passers readily tion errors will 1 DPW withing time line.  OThe Admin	to the monitored, of all medicaling, as been established the MAR'S immally ely for inconsistand training has been with all medication, etc. All medication perceported to the other required 254hr istrator; (Assistantian Cincenses)) and cincenses) and cincenses)	Dieps have been tal correct violation; full compliance is not ve 2-4-4 Date Initial	
	JAN 2 2011	2-4:	5-4	CLAM) mall	be responsible to when the companion compliance compliance compliance conduction of the conduction of		