



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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Mailing Date: **OCT 6 2011**

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 July 19, 2011, 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.

Sincerely,

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

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) 07/19/2011		REGIONAL REPRESENTATIVE Diane Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Beverly Hinde Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Beverly Hinde</i>	DATE 9/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Bridgiz</i>	DATE 10/6/11

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
2822 Refunds shall be made within 30 days of the resident's discharge.	<p><i>Resident #1 was discharged from the home on 6-21-2011. The home charges a monthly rate of \$2800, or \$93.33 a day. A refund for 9 personal care days was issued on 7-8-2011 in the amount of \$828.23. A refund of \$639.97 should have been issued.</i></p> <p>On 6-21-2011 resident #1 was discharged from the home to another personal care home. Medications and vitamins belonging to the resident were destroyed by the home rather than being forwarded to the new home or given to resident or resident's designated person. Compensation for this destroyed property was not provided to the resident.</p> <p align="center">Western Region</p>	7-8-11	<p>1) Senior Care Plaza uses a calculation based on a day rate based on the monthly rate (\$2800/month divided by 30.5 days). The rate of \$91.80 times the nine days the resident was owed from the month in question came to \$826.23. (See Exhibit A)</p> <p>2) Rates will continue to be calculated as noted.</p> <p>3) Administrator will approve amount and refund according to 30 day DPW requirement.</p> <p>SCP refunded the family for the medications as per the amount given by Precision Care Pharmacy. In the future, we will sign all medications over to the resident at the time of resident's departure from SCP. RN will be responsible for signing over medications and Administrator will oversee.</p>	<i>10/6/11</i>

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42x A resident has the right to a system to safeguard a resident's money and property.	On 6-21-2011 resident #1 was discharged from the home to another personal care home. Medications and vitamins belonging to the resident were destroyed by the home rather than being forwarded to the new home or given to resident or resident's designated person.	8-17-11	<ol style="list-style-type: none"> 1) SCP refunded the family for the medications as per the amount given by Precision Care Pharmacy. 2) In the future, we will sign all medications over to the resident at the time of resident's departure from SCP. 3) RN will be responsible for signing over medications and Administrator will oversee. 	 10/6/11

Western Region

Adult Residential Licensing

SENIOR CARE PLAZA

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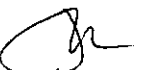
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>223a</p> <p>The home shall have a current written description of services and activities that the home provides including the following:</p> <p>(1) The scope and general description of the services and activities that the home provides.</p> <p>(2) The criteria for admission and discharge.</p> <p>(3) Specific services that the home does not provide, but will arrange or coordinate.</p>	<p>The home does not list criteria for admission and discharge in the description of services policy.</p> <p>Western Region</p> <p>09/19/14</p> <p>Adult Residential Licensing</p>	<p>7-22-11</p>	<p>1) SCP now has our criteria listed in our contract (attached Exhibit B).</p> <p>2) We will make sure that resident and family members are educated on our criteria at the time of move in.</p> <p>3) Administrator and RN will be responsible for explaining the information.</p>	<p>9/19/14</p>

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<p>228e</p> <p>The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.</p>	<p>Resident #1 was discharged on 8-21-2011. The resident's record does not include the discharge date, the reason for the discharge or the forwarding address of the resident.</p> <p>Western Region</p>	<p>7-22-11</p>	<p>1) The discharge date, facility name and phone number are written on the front of the resident's chart. A standard form has been created to track all discharge information moving forward.</p> <p>2) The Administrator will monitor all documentation on monthly basis.</p>	<p><i>[Signature]</i> 10/6/11</p>

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<p>228b</p> <p>The only grounds for discharge or transfer of a resident from a home are for the following conditions:</p> <p>(1) If a resident is a danger to himself/herself or others.</p> <p>(2) If the legal entity chooses to voluntarily close the home, or a portion of the home.</p> <p>(3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person</p>	<p>On 6-21-2011, the home discharged resident #1 against the resident's wishes. The resident was admitted on 6-1-11 and discharged due to needing a two person assist for mobility, not for any of the permitted conditions.</p>	<p>7-22-11</p>	<p>1) Resident #1 was admitted to hospital due to multiple, repeated falls. Upon request from hospital to discharge back to SCP, we notified them that we could not provide the care. We called to assist in placement with family but hospital had already found placement.</p> <p>2) Originally, Resident #1 was admitted on 30-day trial period to see if SCP could provide care in conjunction with home health to attempt to improve [redacted] level to SCP requirements. Within 15 days, resident was admitted to hospital. A form has been created for all future admissions that request trial basis at SCP (Exhibit D)</p> <p>3) The form will be included in all future short-term requests and signed accordingly by all parties involved. The administrator will be responsible for monitoring all such requests and include the signed form in the resident's file.</p>	<p>Steps have been taken to correct violation and ensure compliance.</p> <p>10/6/11</p> <p>Date</p>

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disagree with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate	Western Region			

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local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office. (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building etc, or would create an undue financial or programmatic burden on the home. (5) If the resident	Western Region Adult Residential Licensing			

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has failed to pay after reasonable documented efforts by the home to obtain payment; (6) If closure of the home is initiated by the Department. (7) Documented, repeated violation of the home rules.	Western Region Adult Residential Licensing			

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #1's medical evaluation dated 8-1-2011 describes the resident is immobile. The assessment dated 8-1-2011 describes the resident as mobile.	7-22-11	<p>1) Both the medical evaluation and the assessment state that the resident is unable to move without oral prompting however, on the assessment the wrong box was checked regarding mobility. All assessments and medical evaluations will be proofed on a monthly basis.</p> <p>2) Director of Resident Care (RN) and Administrator will monitor all documentation on monthly basis.</p> <p>3. If there is a discrepancy between the home's mobility assessment and the physician's, the physician will be contacted for clarification.</p>	<p>Dr.</p> <p>10/6/11</p>

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #1's medical evaluation dated 6-1-2011 lists a special diet with ground meats. The support plan dated 6-1-2011 does not reference a diet of ground meats. Western Region Adult Residential Licensing	7-22-11	1) An error on SCP's part resulted in this discrepancy. All assessments and medical evaluations will be proofed on a monthly basis. 2) Director of Resident Care (RN) and Administrator will monitor all documentation on monthly basis. 3. All direct care and kitchen staff will be informed of any residents special dietary needs to ensure proper diet is followed. <i>OK 10/6/11</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>10/6/11</i> Date <i>OK</i> Initials (DPW)

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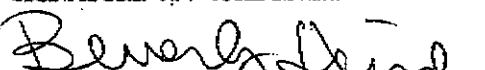
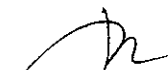
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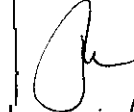
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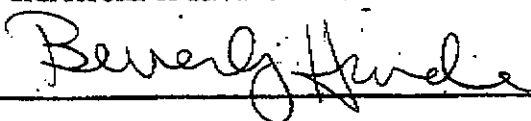

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<p>252</p> <p>Each resident's record shall include the following information:</p> <p>(1) Name, gender, admission date, birth date and Social Security number.</p> <p>(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.</p> <p>(3) A photograph of the resident that is no more than 2 years old.</p> <p>(4) Language or means of communication spoken or used by the resident.</p> <p>(5) The name,</p>	<p>Resident #1's records does not include the date of discharge and reason, relocation information and termination notice.</p>	<p>7-22-91</p>	<ol style="list-style-type: none"> 1) The discharge date, facility name and phone number are written on the front of the resident's chart. A standard form has been created to track all discharge information moving forward. 2) The Administrator will monitor all documentation on monthly basis. 	 10/6/01
	<p>Western Region</p>			
	<p>Adult Residential Licensing</p>			

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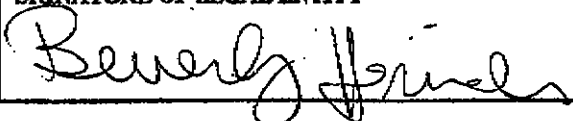

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	Western Region Adult Residential Licensing			

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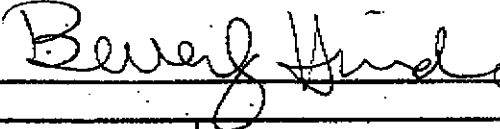

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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.	<p align="center">Western Region</p> <p align="center">Adult Residential Licensing</p>			

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents	Western Region Adult Residential Licensing			

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	Western Region Adult Residential Licensing			

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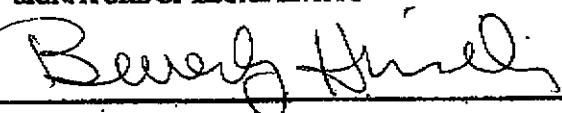

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SENIOR CARE PLAZA

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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 NUMBER 431060	
INSPECTION DATES (Include all dates of the inspection) 07/19/2011		REGIONAL REPRESENTATIVE Diane Whitney	
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 9/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10/6/11

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
In 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	Western Region Adult Residential Licensing			