

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 19, 2012** until **February 19, 2013**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **431060**

Robert E. Robinson

ISSUING OFFICER

RC

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

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

FEB 28 2012

Ms. Beverly Hrinda, Administrator
Senior Care Plaza Associates, Inc.
Senior Care Plaza
624 Lysle Boulevard
McKeesport, Pennsylvania 15132

Dear Ms. Hrinda:

As a result of the Department of Public Welfare's licensing inspection on December 22, 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.

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 be 'R' followed by a long horizontal stroke.

Ronald Melusky
Director

Enclosures
License
Violation Report

Page 1 of 13

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
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The exterior stairway behind the home had a four inch by six inch section of cement on the top step that was crumbling, presenting a trip and fall hazard.	IN PROGRESS	STAIRWAY WILL BE REPAIRED DURING JANUARY-MARCH TIMEFRAME (BASED ON WEATHER CONDITIONS) MAINTENANCE DIRECTOR WILL CONDUCT REGULAR INSPECTION OF BUILDING PROPERTY TO INSURE COMPLIANCE WILL 2600-100A EXECUTIVE DIRECTOR WILL BE RESPONSIBLE TO MONITOR COMPLETION. The administrator or designated person will place a protective barrier or signage at the potential hazard	Steps have been to correct violation; fu compliance is not v 1-26-12 Date Initial

The administrator or designated person will place a protective barrier or signage at the potential hazard to alert and warn people of the potential hazard- 1-26-24

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) 12/22/2011		REGIONAL REPRESENTATIVE M. Orme, J. Wenzig	
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 Hrinda Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Beverly Hrinda</i>	DATE 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-26-12

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
132f Alternate exit routes shall be used during fire drills.	The homes fire drill record indicates that all fire exits were used for the twelve consecutive fire drills conducted from 1/27/11 through 12/14/11 and alternate exits were not used.	JANUARY 2012	<p>ALL FIRE DRILLS WILL INDICATE EXIT ROUTES USED INCLUDING ALTERNATE ROUTES IN MONTHLY FIRE DRILL LOGS</p> <p>MAINTENANCE DIRECTOR (AND VOLUNTEER FIREMAN) WILL MONITOR PROCESS AND LOG RESULTS ON MONTHLY BASIS.</p> <p>ADMINISTRATOR WILL MONITOR PROCESS AND DOCUMENTATION. monthly 1-26-12</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 1-26-12</p> <p>Date Initials (DPW)</p>

RECEIVED

JAN 17 2012

Western Field Office
Adult Residential Licensing

4126647139

10:33:53 a.m.

01-19-2012

4/42

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

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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 2/23/11, does not indicate the resident's current medication regimen. Repeated Violations: 12/14/2010 RECEIVED Western Field Office Adult Residential Licensing	IMMEDIATE (JAN 15, 2012)	MEDICAL EVALUATION FOR RESIDENT #3 WAS ATTACHED TO MEDICAL EVALUATION WITH PHYSICIAN SIGNATURE/DATE (SEE ATTACHMENT). MEDICAL EVALUATIONS WILL BE REVIEWED FOR ALL RESIDENTS FOR ACCURACY. DIRECTOR OF RESIDENT CARE (RN) WILL CONDUCT REVIEW AND BE ACCOUNTABLE. ADMINISTRATOR AND DIRECTOR OF RESIDENT CARE WILL MONITOR PROCESS MONTHLY. 1-26-12	1-26-12

4126647139

10:34:15 a.m. 01-19-2012

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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.	<p>RECEIVED</p> <p>2012</p> <p>Western Field Office Adult Residential Licensing</p>			

4126647139

10:35:41 a.m. 01-19-2012

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VIOLATION REPORT
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186c 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.	<p>Resident #5's medication administration record indicated Tylenol 650mg, take 1 tab by mouth every 8 hours as needed; however the home received a written change order on 5/25/11 for Tylenol 500 mg, 2 tabs every 6 hours as needed for pain. The home did not update the resident's medical record for this for the written change order.</p> <p>Resident #5's medication administration record indicated GAS 80mg, chew 1 tab as needed; however, the home received a written change order on 6/20/11 for GAS 80 mg, chew 1 tab 3 times daily. The home did not update the resident's medical record for this for the written change order.</p> <p align="right">RECEIVED <i>Immediately</i></p> <p>Repeated Violations: 12/14/2010</p>	<p>IMMEDIATE <i>(Jan 15) 2012</i></p>	<p>MEDICATION ADMINISTRATION RECORD (MAR) HAS BEEN CORRECTED FOR RESIDENT #5 AND UPDATED.</p> <p>A PROCESS HAS BEEN CREATED TO TRACK AND VERIFY ALL CHANGE ORDERS ARE COMPLETED AND ACCURATE.</p> <p>DIRECTOR OF RESIDENT CARE WILL BE ACCOUNTABLE FOR PROCESS. ADMINISTRATOR WILL MONITOR PROCESS.</p> <p><i>All staff persons administering medications will be educated on</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>1-26-12</i> Date <i>CP</i> Initials (DPW)</p>

Western Field Office
 Pennsylvania Licensing

The process to track, verify and properly document change orders. Documentation of education will be kept. 1-26-12

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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.	<p>On 12/22/11 resident #4's prescribed Miralax, dissolve 17 grams in liquid as needed was not available in the home for administration.</p> <p>On 12/22/11 resident #5's prescribed Milk of Magnesia, take 30 ml by mouth once a day as needed was not available in the home for administration.</p> <p>Repeated Violations: 12/14/2010</p> <p align="center">RECEIVED</p> <p align="center">2012</p> <p align="center">Western Field Office Adult Residential Licensing</p>	<p>IMMEDIATE 12/23/11</p>	<p>MAR HAS BEEN CORRECTED FOR RESIDENTS #4 and #5.</p> <p>WEEKLY AUDIT WILL BE PERFORMED TO INSURE PRN MEDS ARE AVAILABLE</p> <p>DIRECTOR OF RESIDENT CARE WILL BE RESPONSIBLE FOR PROCESS</p> <p>ADMINISTRATOR WILL MONITOR PROCESS.</p> <p>monthly 1-26-12g</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1-26-12</p> <p>Date <i>g</i> Initials (DPW)</p>

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10:39:41 a.m. 01-19-2012

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

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>Resident #4's medication administration record (MAR) did not indicate a diagnosis or purpose for Propanolol, 60mg 1 tablet 2 times daily.</p> <p>Resident #6's MAR did not indicate a diagnoses or purposes for the following medications:</p> <ul style="list-style-type: none"> Aspirin 325mg, 1 tab daily by mouth Celexi (Celebrex) 200mg, by mouth daily Metformin, 1000mg, 1 tab by mouth 2 times daily Multivitamin with minerals, 1 tab by mouth daily Pioglitazone (Actos) 15mg, 1 tab by mouth once a day Raloxifene (Evista) 60mg, 1 tab by mouth once a day Flagyl 500mg by mouth 3 times daily 	<p>IMMEDIATE (12/24/11)</p> <p>RECEIVED</p>	<p>MEDICATION ADMINISTRATION RECORD FOR RESIDENT #4 HAS BEEN CORRECTED.</p> <p>MARs FOR ALL RESIDENTS HAVE BEEN CHECKED AND VERIFIED TO BE IN COMPLIANCE BY DIRECTOR OF RESIDENT CARE.</p> <p>DIRECTOR OF RESIDENT CARE WILL BE ACCOUNTABLE TO OVERSEE PROCESS.</p> <p>ADMINISTRATOR WILL MONITOR PROCESS monthly 1-26-12g</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 1-26-12</p> <p>Date <i>1-26-12</i> Initials (DPW) <i>DPW</i></p>

VIOLATION REPORT
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	for 3 days Resident #7's MAR did not indicate a diagnoses or purposes for the following medications: <ul style="list-style-type: none"> Humalog mix 75/25 insulin Amoxicillin 875mg 2 times daily Flomax 0.4mg, 1 capsule at bedtime Vesicare Oral 5mg, 1 tablet by mouth daily Repeated Violations: 12/14/2010 <div align="center">RECEIVED</div> <div align="center">JAN 19 2012</div>	IMMEDIATE (12-23-11)	RESIDENT # 7 MAR HAS BEEN CORRECTED A PROCESS HAS BEEN PUT IN PLACE TO INSURE <u>ALL</u> INFO IS INCLUDED ON MAR. DIRECTOR OF RESIDENT CARE WILL BE RESPONSIBLE ADMINISTRATOR WILL MONITOR PROCESS	

Western Field Office
 Adult Residential Licensing

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>The preadmission screenings for the following residents were not dated:</p> <ul style="list-style-type: none"> Resident #1, admitted 8/2/11 Resident #2, admitted 1/24/11 Resident #8, admitted 6/1/11 Resident #9, admitted 5/12/11 Resident #10, admitted 4/7/11 	IMMEDIATE	<p>Pre Admission Screenings for Residents #1, #2, #8, #9 and #10 have been dated correctly (NOTE: ALL SCREENINGS WERE SIGNED AND DATED BUT NOT IN GRAY AREA)</p> <p>- ALL FUTURE SCREENINGS WILL BE DATED IN APPROPRIATE AREA.</p> <p>- ADMINISTRATOR WILL MONITOR ALL PRE-ADMISSIONS</p>	1-26-12 y

Western Field Office
Adult Residential Licensing

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

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #11's assessment, dated 1/5/11, does not indicate the diagnoses of: Hypothermia; recurrent falls; compound fractures of 12, 13, 14; back pain deconditioning; dehydration; poor nutrition; scalp laceration (Nov); DJD; peripheral neuropathy; osteoporosis; depression; anxiety and duodenal ulcer. RECEIVED JAN 2012	IMMEDIATE	NEW ASSESSMENT WAS COMPLETED FOR RESIDENT #11 PROCESS HAS BEEN PUT IN PLACE TO INSURE ALL INFORMATION IS INCLUDED AND ACCURATE DIRECTOR OF RESIDENT CARE AND ADMINISTRATOR WILL BE RESPONSIBLE FOR PROCESS/ACCURACY	1-26-12

Western Field Office
 Adult Residential Licensing

2-20-12

The Administrator or designated staff person will review all current and newly completed assessments for accuracy and completion 1-26-12

4126647139

10:53:59 a.m. 01-19-2012

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

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	<p>Resident #2's assessment, dated 1/22/11, indicates the resident is independently mobile with an ambulation device, having no mobility needs; however the resident's medical evaluation, dated 1/19/11, indicates the resident has mobility needs due to being unable to move from one location to another without physical and oral assistance.</p> <p>Resident #10's assessment, dated 4/7/11, indicates the resident walks without assistance and does not have a mobility need; however, the resident's medical evaluation, dated 4/8/11, indicates the resident has a mobility need due to being unable to move from one location to another without oral prompting.</p>	<p>IMMEDIATE (12/24/2011)</p>	<p>RESIDENTS #2 AND #10 ASSESSMENTS HAVE BEEN CORRECTED.</p> <p>All assessments and medical evaluations will be reviewed upon receipt and admission for consistency and accuracy.</p> <p>DIRECTOR OF RESIDENT CARE WILL BE ACCOUNTABLE FOR PROCESS AND ACCURACY.</p> <p>ADMINISTRATOR WILL MONITOR PROCESS.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1-26-12 Date Initials (DPW)</p>

RECEIVED

2-20-12

The administrator or designated staff person will review all current and newly completed assessments for accuracy and completion. 1-26-12

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10:56:38 a.m. 01-19-2012

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

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	<p>Repeated Violations: 07/19/2011</p> <p align="center">RECEIVED</p> <p align="center">JAN 3 2012</p> <p align="center">Western Field Office Fair Licensing</p>			

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10:58:36 a.m. 01-19-2012

38/42

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Beverly Hinda</i>	DATE 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-26-12

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
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.	<p>Resident #10's support plan, dated 4/7/11, indicates the resident "feeds self with appropriate table manners"; however the resident's assessment, dated 4/7/11, indicates physical assistance is needed to complete eating.</p> <p>Repeated Violations: 07/19/2011</p> <p align="center">RECEIVED</p> <p align="center">Western Field Office Adult Residential Licensing</p>	IMMEDIATE (12-23-11)	<p>Resident #10 Support Plan HAS BEEN CORRECTED.</p> <p>ALL ASSESSMENTS AND SUPPORT PLANS WILL BE REVIEWED UPON RECEIPT AND ADMISSION FOR CONSISTENCY AND ACCURACY</p> <p>DIRECTOR OF RESIDENT CARE AND ADMINISTRATOR WILL BE ACCOUNTABLE AND MONITOR</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>1-26-12 Date / Initials (DPW)</p>

2-20-12

The Administrator or designated staff person will review all current and newly completed support plans for accuracy and compliance. 1-26-12.

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