



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**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 100

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

Restrictions: \_\_\_\_\_

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 7, 2017

until February 19, 2018

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **431060**

Robert E. Robinson

ISSUING OFFICER

Jay Baul

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.

HS 628 - 12/16



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

**MAR 08 2017**

Ms. Alma A. Hoffman,  
Owner  
Senior Care Plaza Associates, Inc.  
624 Lysle Boulevard  
McKeesport, Pennsylvania 15132

RE: Senior Care Plaza  
License #: 431060

Dear Mr. Hoffman:

As a result of your facility's recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a secured dementia care unit licensed capacity of 20 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary

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

Page 1 of 7

PCH Name: SENIOR CARE PLAZA		RECEIVED	License Number: 43106						
Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132		County: Allegheny							
Administrator: Jennifer Float		JAN 27 2017	Region: WEST						
Legal Entity Name: SENIOR CARE PLAZA ASSOCIATES INC		WEST REGION FIELD OFFICE Human Services Licensing							
Legal Entity Address: 624 LYSLE BOULEVARD, MCKEESPORT, PA 15132									
<b>Certificate(s) of Occupancy</b> I-2 06/25/1999 City of McKeesport									
<b>Staffing Hours</b> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Resident Support: 0</td> <td style="width:33%;">Total Daily Staff: 56</td> <td style="width:33%;">Waking Staff: 42</td> </tr> <tr> <td>Type of Inspection: Partial</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>				Resident Support: 0	Total Daily Staff: 56	Waking Staff: 42	Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Resident Support: 0	Total Daily Staff: 56	Waking Staff: 42							
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced							
<b>Reason(s) for Inspection(s)</b> Interim									
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/22/2016: Cutler, Jan; Garvey, Jody									
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>    									
<b>Other Details</b> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Partial or Full Triggers:</td> <td style="width:50%;">Random Indicators:</td> </tr> </table>				Partial or Full Triggers:	Random Indicators:				
Partial or Full Triggers:	Random Indicators:								
<b>Resident Demographic Data as of Inspection Dates</b>									
Licensed Capacity: 100  Number of Residents Served: 50  Secured Dementia Care Unit in Home: No  Area:  Secured Dementia Unit Capacity, if Applicable:  Number of Residents Served in Secured Dementia Care Unit, if applicable:  Number of Current Hospice Residents: 6  Number of Hospice Residents in past year: 20		<b>Number of Residents who:</b>  Receive Supplemental Security Income: 0  Are 60 Years of Age or Older: 50  Have Mental Illness: 3  Have an Intellectual Disability: 0  Have a Mobility Need: 6  Have a Physical Disability: 0							

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JAN 27 2017

Violation Report: 43108 - 12/22/2016 - Cutler, Jan

PCH Name: SENIOR CARE PLAZA

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION

The telephone, which is available for resident use in the west wing, is located on a table next to the medication cart in the kitchen area and does not provide privacy for residents' phone calls.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. A cordless phone was purchased for resident use only
2. DCS will assist residents as needed when using the phone in private
3. Direct supervisor and Administrator will ensure DCS is assisting residents with the phone, Maintenance director will inspect phone periodically to make sure it's working

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
JENNIFER FLOAT, Administrator			1/26/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>2/22/17</u> (Date)		Plan of correction implementation status as of <u>2/22/17</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 43106 - 12/22/2016 - Culter, Jan  
PCH Name: SENIOR CARE PLAZA

JAN 27 2017

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The only means of drying hands in the bathroom shared by resident #1 and resident #2 was an unlabeled, white wash cloth on the towel rack next to the sink.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Both towel racks are labeled with their names, each resident has their own wash cloth, hand towel, and bath towel
2. All semiprivate rooms are equipped with individual towel racks, wash cloth, hand towel, and bath towel
3. Housekeeping supervisor will check each room daily to ensure sanitary conditions are maintained

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Schmitt Floap Administrator		1-26-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>mu</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JAN 27 2017

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Violation Report: 43106 - 12/22/2016 - Cutler, Jan

PCH Name: SENIOR CARE PLAZA

WEST REGION FIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

The telephone on the table next to the medication cart, in the west wing, has an outside line but does not have the required emergency service numbers posted nearby.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

1. Emergency numbers were placed next to telephone
2. Maintenance Director inspected every telephone in the building to confirm each one had a listing of all emergency telephone numbers
3. Administrator and maintenance director will inspect telephones quarterly

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Janet A. Klot, Administrator		1-26-17
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>2/22/17</u> (Date)	Plan of correction implementation status as of <u>2/22/17</u> (Date)	
The above plan of correction was approved by <u>JM.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JM.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 43106 - 12/22/2016 - Cultor, Jan  
 PCH Name: SENIOR CARE PLAZA

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

**2a. DESCRIPTION OF VIOLATION**

The two end pieces of the towel rack in resident #3 and #4's bathroom were attached to the wall, but the towel bar was missing.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

1. A new towel rack was installed
2. Housekeeping supervisor will inspect furniture and equipment to confirm they're in good condition, notify maintenance director of any issues
3. Maintenance director will repair any furniture or equipment as needed

*at least weekly*

*PN.  
2/22/17*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Jennifer Float, Administrator		1.26.17
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>2/22/17</u> (Date)		Plan of correction implementation status as of <u>2/22/17</u> (Date)
The above plan of correction was approved by <u>PN</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 43106 - 12/22/2016 - Culter, Jan  
PCH Name: SENIOR CARE PLAZA

JAN 27 2017

VIRGINIA REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 50 residents requiring a minimum of 150 gallons of drinking water for a 3-day emergency supply. However, there was only 26 gallons of emergency drinking water on-site. The contractual agreement, dated August 2016, with Reinhart Food Service, does not guarantee that the water will be delivered immediately upon request, 24 hours per day, or that the water will be delivered as a priority even in the event of a regional general emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Please see attachment #1 regarding water supply

The home has purchased 50 gallons of emergency drinking water to store on site. Within 30 days of receipt of the plan of correction: the administrator will obtain an updated contractual agreement which includes the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request, 24 hours a day and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency - or the administrator will purchase additional emergency drinking water so that the total amount on site equals one gallon per resident for a 3-day period. *DM 2/22/17*

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Janice Floet, Administrator</i>	<i>1.26.17</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/22/17  
(Date)

Plan of correction implementation status as of 2/22/17  
(Date)

The above plan of correction was approved by *DM*  
(Initials)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress *DM*
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented



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Violation Report: 43106 - 12/22/2010 - Culler, Jan  
 PCH Name: SENIOR CARE PLAZA

JAN 27 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

There were four doors in the home's west wing which were locked with a key pad locking system and prevented residents from exiting the building. Two doors exited to the main lobby of the home, one door exited to the front parking lot and one door exited to the convenience store parking lot on the side of the building.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. All doors are unlocked
2. 15 minute checks are in place to ensure resident safety
3. Maintenance director and Administrator will check all doors daily to confirm they are unlocked

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Date 1-24-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/22/17  
 (Date)

Plan of correction implementation status as of 2/22/17  
 (Date)

☐ Fully Implemented

☒ Partially Implemented - Adequate Progress *g.w.*

☐ Partially Implemented - Inadequate Progress

☐ Not Implemented

The above plan of correction was approved by *g.w.*  
 (Initials)