

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KAREN ADAMS

LEGAL ENTITY

To operate THE ADAMS HOUSE

NAME OF FACILITY OR AGENCY

Located at 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022

(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 21
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 April 5, 2010 until April 5, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 413710

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

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 - 4/02



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

ADULT RESIDENTIAL LICENSING

MAR 29 2010

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

Ms. Karen Adams, Owner/Administrator
Karen Adams
104 Park Road
Charleroi, Pennsylvania 15022

RE: The Adams House
314 Fallowfield Avenue
Charleroi, Pennsylvania 15022

Dear Ms. Adams:

As a result of the Department of Public Welfare's licensing inspection on December 29, 2009 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 cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME The Adams House, 314 Fallowfield Avenue, Charleroi, Pa 15022		CURRENT LICENSE NUMBER 413710	
INSPECTION DATE(S) (include all dates of the inspection) December 29, 2009		REGIONAL REPRESENTATIVE Alden Linhart, Lisa Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Raven Adams</i>	DATE 3/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 3-24-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	A copy of the emergency preparedness plan for the home and the portion of the municipalities' plan that includes the home were not posted in a conspicuous and public location in the home.	3/1/10	<p>① COPY OF EMERGENCY PREPAREDNESS PLAN HAS BEEN PLACED ON TABLE IN LIVING ROOM, INCLUDING LOCAL MUNICIPALITIES PLAN.</p> <p>② OWNER & SUPERVISOR WILL CHECK PLACEMENT DAILY.</p> <p>③ STAFF & RESIDENTS WILL BE INFORMED TO NOT ADVERT.</p> <p>SEE ATTACHMENT #1</p>	3-24-10 <i>JJP</i>

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



West...

NAME AND ADDRESS OF PERSONAL CARE HOME The Adams House, 314 Fallowfield Avenue, Charleroi, Pa 15022		CURRENT LICENSE NUMBER 413710	
INSPECTION DATE(S) (Include all dates of the inspection) December 29, 2009		REGIONAL REPRESENTATIVE Alden Linhart, Lisa Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-24-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
132f Alternate exit routes shall be used during fire drills.	The home has used the front door exit in all 11 of the fire drills completed between 1/17/09 and 11/30/09.	3/3/09 4-30-10 4-30-10 4-30-10	An unannounced fire drill will be completed monthly using alternate exit routes. The home will simulate a fire in front of one of the home's exits every month, thus allowing the residents to find an alternate exit. The monthly fire drill log will indicate that alternate exit routes are being used. All staff persons and residents will be educated on the importance of using alternate exits for fire drills. The administrator will review the fire drill log monthly to ensure alternate exit routes are being used. 3-24-10 JAP	Steps have been taken to correct violation; full compliance is not verifiable 3-24-10 JAP Date Initials(DPW)

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

Western New


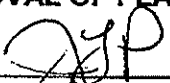
NAME AND ADDRESS OF PERSONAL CARE HOME The Adams House, 314 Fallowfield Avenue, Charleroi, Pa 15022		CURRENT LICENSE NUMBER 413710 <i>Residential Licensing</i>	
INSPECTION DATE(S) (Include all dates of the inspection) December 29, 2009		REGIONAL REPRESENTATIVE Alden Linhart, Lisa Flinner-Alman	
SIGNATURE OF LEGAL ENTITY 	DATE 3/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-24-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
144c-1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	There was a rug on a chair located in the home's designated smoking area.	P/ 29/09 4-30-10	① RUG WAS REMOVED ② STAFF & RESIDENTS WILL be educated on the dangers of having flammable materials in the home's designated smoking area. 3-24-10 JJP ③ STAFF & RESIDENTS WILL BE REMINDED IN MEETINGS MONTHLY. ④ SUPERVISOR WILL MONITOR DAILY & DESIGNATED STAFF WHEN SUPERVISOR OFF. ⑤ SMOKING AREA IS CHECKED & SIGNED OFF ON DAILY SHEET.	3-24-10 JJP

SEE ATTACHMENT NO. (4)

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

WOSB 11/1/09

NAME AND ADDRESS OF PERSONAL CARE HOME The Adams House, 314 Fallowfield Avenue, Charleroi, Pa 15022		CURRENT LICENSE NUMBER 413710 <small>but Residential Licensing</small>	
INSPECTION DATE(S) (Include all dates of the inspection) December 29, 2009		REGIONAL REPRESENTATIVE Alden Linhart, Lisa Flinner-Aiman	
SIGNATURE OF LEGAL ENTITY 	DATE 3/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-24-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>The support plan dated 6/22/09 for Resident #1 DOA 6/5/09 has no information concerning mobility needs.</p> <p>The support plan dated 11/14/09 for resident #2 DOA 10/15/07 and the support plan dated 7/15/09 for resident #3 DOA 6/28/07 has no information entered under hearing needs, mental health services, and behavioral services.</p> <p>The support plan dated 7/10/09 for resident #4 DOA 7/2/07 has no information under hearing needs and mobility requirements.</p>	11/5/10	<p>① NONE OF THESE THINGS WERE ORDERED FOR THESE RESIDENTS SO THEY WERE LET BLANK</p> <p>② IN THE FUTURE THE ADMINISTRATOR WILL FILL EACH AREA IN AS APPROPRIATE FOR EACH RESIDENT.</p> <p>③ THESE AREAS HAVE BEEN FILLED IN FOR MANY RESIDENTS & MANY OTHERS & COMPLETED.</p> <p>④ ADMINISTRATOR ENTER THIS INFORMATION FOR ALL AREAS FOR ALL RESIDENTS IN FUTURE.</p> <p>COPIES ARE INCLUDED</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-24-10 JJP Date Initials (DPW)</p>

SEE ATTACHMENTS # 5, 6, 7, 8