

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HAVERILLA PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate HAVERILLA PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 775 STONETOWN ROAD, ROSSITER, PA 15772

(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 24  
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 May 24, 2010 until May 24, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 427930

*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

MAY 21 2010

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

Mr. Ray D. Haverilla, President  
Haverilla Personal Care Home, Inc.  
Haverilla Personal Care Home  
775 Stonetown Road  
Rossiter, Pennsylvania 15772

Dear Mr. Haverilla:

As a result of the Department of Public Welfare's licensing inspection on April 12, 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,

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 MAY 6 2010 Page 1 of 5

NAME AND ADDRESS OF PERSONAL CARE HOME Haverilla Personal Care Home 775 Stonetown Rd., Rossiter, PA 15772		CURRENT LICENSE NUMBER Adult Residential Licensing 427930	
INSPECTION DATE(S) (Include all dates of the inspection) April 12, 2010		REGIONAL REPRESENTATIVE B. McAfee and D. Whitney	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Karen J Haverilla, co-administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Karen J Haverilla</i>	DATE 5-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5-10-10

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
22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department. 141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission	Resident #1 admitted on 12/18/09 does not have a medical evaluation completed.	Resident #1's medical evaluation found in folder dated 1/2/10.  5-30-10	This form was not with the MAS I form. Will be sure in future to keep them together to avoid confusion especially when dates are different on these 2 forms. Sending copy to verify.  The Administrator or designated staff person will review all resident records to ensure a current medical evaluation completed on a form specified by the department is in	Steps have been taken to correct violation; full compliance is not verifiable 5-10-10 Date <i>[Signature]</i> Initials (DPW)

each resident record 5-10-10

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Karen Haverilla</i>	DATE 5-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5-10-10

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult	Staff person A hired on 1/2/09 did not receive the required annual training as of 4/12/10.	4-13-10 Employee was trained by Ray Haverilla on #1,2, & 5 and by Karen Haverilla on #3 & 4	Employee was not added to annual training plan + not working on training days so was accidentally overlooked. To assure this does not reoccur new employees will immediately be added to training plan & review to be sure <del>mandatory</del> mandatory trainings are annually. Sending copy to verify.	Steps have been taken to correct violation; full compliance is not verifiable 5-10-10 Date <i>[Signature]</i> Initials (DPW)

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

Western Region

Page 2 of 4

NAME AND ADDRESS OF PERSONAL CARE HOME Haverilla Personal Care Home 775 Stonetown Rd., Rossiter, PA 15772		6	CURRENT LICENSE NUMBER 427930	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
				<i>gc</i> 5-10-10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 DPW
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.		4-12-10	The Administrator or designated staff person will review all staff person annual training through the quality management review to ensure all staff persons receive the required annual training. 5-10-10 <i>gc</i>	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Haverilla Personal Care Home 775 Stonetown Rd., Rossiter, PA 15772		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 427930	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 12, 2010		<b>REGIONAL REPRESENTATIVE</b> B. McAfee and D. Whitney	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Karen J. Havelka</i>	<b>DATE</b> 5-5-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5-10-10

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 municipality's emergency preparedness plan was not posted in a conspicuous and public place in the home.	4-12-10	Municipality's Emergency Preparedness Plan was copied and posted on kitchen bulletin board. Now aware of this regulation copy will remain posted	Steps have been taken to correct violation; full compliance is not verifiable 5-10-10 <i>[Signature]</i> Date Initials (DPW)