



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

**11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222**

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: **FEB 24 2011**

Mr. Michael M. Trosiek, Jr., Owner/Administrtor
Michael M. Trosiek, Jr.
Trosiek's Personal Care Home
PO Box 535
New Salem, Pennsylvania 15468

Dear Mr. Trosiek:

As a result of the Department of Public Welfare's licensing inspection on November 16, 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME TROSIEK S PERSONAL CARE HOME, P O BOX 535 NEW SALEM, PA 15468		CURRENT LICENSE NUMBER 450260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2010		REGIONAL REPRESENTATIVE Tera Newman, Larry Mazza	
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 <i>Barbara J. Trosiek-Kett</i>	DATE Feb 17, 2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe Pizzino (JPD)</i>	DATE 2-23-11

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
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The home does not have a record or receipt for resident #2 that includes the date and time for the following transactions \$41.60, \$43.40, \$10 "given on sunday" and \$20 "given for Italian Festival." The home did not obtain the resident signature for the receipt of the disbursement.	Feb 17, 2011	The Administrator will record the date, time & signatures of all residents receiving disbursements. Will do monthly checks to make sure proper documentation is being done.	Steps have been taken to correct violation; full compliance is not verifiable 2-23-11 Date	Initials (DPW) JPD
<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">Western Region</div> <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FEB 18 2011</div> <div style="font-size: 18px; font-weight: bold;">Adult Residential Licensing</div>					