

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REBECCA'S PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate REBECCA'S AT EVERETT

NAME OF FACILITY OR AGENCY

Located at 118 MASTERS AVENUE, EVERETT, PA 15537

(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 37  
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 December 6, 2010 until December 6, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 324070

*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

DEC 08 2010

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

Ms. Evelyn Putt, PCHA/LPN  
Rebecca's Personal Care Home, Inc.  
5865 Lincoln Highway  
Mann's Choice, Pennsylvania 15550

RE: Rebecca's at Everett  
118 Masters Avenue  
Everett, Pennsylvania 15537

Dear Ms. Putt:

As a result of the Department of Public Welfare's licensing inspection on November 17, 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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT, 118 MASTERS AVENUE EVERETT, PA 15537		CURRENT LICENSE NUMBER 324073	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Evelyn Patten PCHA/WDN			
SIGNATURE OF LEGAL ENTITY <i>Evelyn Patten</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE 12/1/10

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	<p>The contract dated 6/12/09 for resident #1 was not signed by the payer.</p> <p>The contract dated 11/05/10 for resident #2 was not signed by the resident.</p> <p>Repeated Violations: 03/04/2010</p> <p style="text-align: center;">Central Region Field Office</p> <p style="text-align: center;">NOV 24 2010</p> <p style="text-align: center;"><b>RECEIVED</b></p>		<p>See p. 1A - attached</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>12/1/10</u> <u>BE</u></p> <p>Date Initials (DPW)</p>

REB000

REBECCAS PCH INC

11/23/2010 17:40 FAX 18146525090

Regarding VR page 1<sup>A</sup> of 10

*JE 12/1/10*

Attached

**Short term correction:**

1. Signature was obtained by the payer on 11/18/2010 for resident #1.
2. The contract was signed by resident #2 on 11/18/2010.

**Long term correction:**

1. Administrator will have the resident's payer sign the contract upon admission to the home.
2. Administrator will have the resident sign the contract on the day of admission and if the resident will not sign the contract at that time, will document the attempts and will continue to attempt to get resident to sign the contract until it is done.

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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT. 118 MASTERS AVENUE EVERETT, PA 15517		CURRENT LICENSE NUMBER 32407A	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Evelyn Puff : PCHA/PA</i>			
SIGNATURE OF LEGAL ENTITY <i>Evelyn Puff</i>	DATE <i>11/23/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Eruck</i>	DATE <i>12/1/10</i>

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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A, hired on 10/18/10 does not have a high school diploma, GED or active status on the nurse aide registry.		<i>See p. 2A - attached</i>	<i>12/1/10 GE</i>

007

REBECCAS PCH INC

11/23/2010 17:42 FAX 18146525090

Regarding VR pages 2,<sup>k</sup>3 of 10

Attached

*GE* 12/1/10



**Short term correction:**

1. Staff person A was unable to work until she obtained proof of graduation with the transcript faxed to the office. Diploma was mailed to her parents' address.

**Long term correction:**

1. No staff person will be allowed to start orientation without proof of graduation with either diploma or copy of transcripts.

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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT, 118 MASTERS AVENUE EVERETT, PA 15537		CURRENT LICENSE NUMBER 32407A	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Evelyn Pett PCHA / LDJ			
SIGNATURE OF LEGAL ENTITY 	DATE 11/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/1/10

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
services with reasonable skill and safety.				

008

REBECCAS PCH INC

11/23/2010 17:42 FAX 18146525090

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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT, 118 MASTERS AVENUE EVERETT, PA 15537		CURRENT LICENSE NUMBER 324072	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Evelyn Puth PCHA / LAN</i>			
SIGNATURE OF LEGAL ENTITY <i>Evelyn Puth</i>	DATE <i>11/23/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Erb</i>	DATE <i>12/1/10</i>

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Ancillary staff B. did not receive the required training on the following topics: <ul style="list-style-type: none"> <li>• Evacuation procedures</li> <li>• Staff duties during fire drills, emergency evacuation and transportation</li> <li>• Designated meeting places and/or fire safe zones</li> <li>• Smoking safety procedures and smoking areas</li> <li>• Location of fire extinguishers and their use</li> <li>• Smoke detectors and fire alarms</li> <li>• Use of telephone and notifying emergency services</li> </ul>		<i>See p. 4A - attached</i>	<i>12/1/10 SE</i>

011

REBECCAS PCH INC

11/23/2010 17:44 FAX 18146525090

Regarding VR pages 4, 5 of 10

*JE* 12/1/10

**Short term correction:**

1. Staff person B's orientation training was done and located in another staff person's file.

**Long term correction:**

1. Administrator will double check to be sure that the orientation papers went into the correct staff person's file.
2. All staff person training pertaining to: Evacuation Procedures, Staff duties during fire drills, emergency evacuation and transportation, designated meeting places and/or fire safe zones, Smoking safety procedures and smoking areas, Location of fire extinguishers and their use, Smoke detectors and fire alarms, Use of telephone and notifying emergency services are done on the first day of orientation.

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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT, 118 MASTERS AVENUE EVERETT, PA 15537		CURRENT LICENSE NUMBER 324072	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Evelyn Puth</i> <i>PCHA / WPA</i>			
SIGNATURE OF LEGAL ENTITY <i>Evelyn Puth</i>	DATE <i>11/23/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JE</i>	DATE <i>12/1/10</i>

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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

012

REBECCAS PCH INC

11/23/2010 17:44 FAX 18146825090

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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT, 118 MASTERS AVENUE EVERETT, PA 15537		CURRENT LICENSE NUMBER 32407A	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Evelyn Putt</i>			
SIGNATURE OF LEGAL ENTITY <i>Evelyn Putt</i>	DATE <i>11/23/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Erwin</i>	DATE <i>12/1/10</i>

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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Ancillary staff B, did not receive the required trainings within 40 scheduled working hours including the following: <ul style="list-style-type: none"><li>• Resident rights</li><li>• Emergency medical plan</li><li>• Mandatory reporting of abuse and neglect under OAPSA</li><li>• Reportable incidents</li></ul>		<i>See p. 6A - attached</i>	<i>12/1/10 GE</i>

016

REBECCAS PCH INC

11/23/2010 17:46 FAX 18146525090

Regarding VR pages 6, 7 of 10<sup>A</sup>

BE 12/1/10

**Short term correction:**

1. Staff person B's orientation training was done and located in another staff person's file.

**Long term correction:**

1. Administrator will double check to be sure that the orientation papers are filed in the correct staff person's file.
2. All staff person's training pertaining to: Residents rights, Emergency Medical Plan, Mandatory reporting of abuse and neglect under OAPSA, and Reportable Incidents are done within 40 scheduled working hours.

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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT. 118 MASTERS AVENUE EVERETT, PA 15537		CURRENT LICENSE NUMBER 324072	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Evelyn Pett PHA / LD</i>			
SIGNATURE OF LEGAL ENTITY <i>Evelyn Pett</i>	DATE <i>11/23/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JE</i>	DATE <i>12/1/10</i>

REGULATION 55 Pa.Code §2600 and conditions.	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

11/23/10

REBECCAS PCH INC

11/23/2010 17:47 FAX 18146525090

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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT, 118 MASTERS AVENUE EVERETT. PA 15537		CURRENT LICENSE NUMBER 32407X	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Evelyn Prett</i> <i>PCHA/UP</i>			
SIGNATURE OF LEGAL ENTITY <i>Evelyn Prett</i>	DATE <i>11/23/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Erub</i>	DATE <i>12/1/10</i>

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
100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	The exit door that leads from room #10 to the outside courtyard has a pile of leaves covering the walk way which creates a fall or tripping hazard.		<i>See p. 8A - attached</i>	<i>12/1/10 SE</i>

1021

REBECCAS PCH INC

11/23/2010 17:48 FAX 18146525090

Regarding VR page 8<sup>A</sup> of 10

DE 12/1/10

**Short term correction:**

1. Leaves were gathered from the exit door at room #10.

**Long term correction:**

1. All exits will be checked several times a day to be sure that no leaves, etc have blown in to block the exits.

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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT. 118 MASTERS AVENUE EVERETT. PA 15537		CURRENT LICENSE NUMBER 324071	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Evelyn Pett</i> <i>PCHA/WPA</i>			
SIGNATURE OF LEGAL ENTITY <i>Evelyn Pett</i>	DATE <i>11/23/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Erb</i>	DATE <i>12/1/10</i>

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
101o Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	The back right drop ceiling tile in room #27 was sagging and had a large wet stain.		<i>See p. 9A - attached</i>	<i>12/1/10 Be</i>

07/2010  
 REBECCA S AT EVERETT  
 118 MASTERS AVENUE  
 EVERETT PA 15537  
 11/17/2010

Regarding VR page 9<sup>A</sup> of 10

*JG 12/1/10*

**Short term correction:**

1. Ceiling checked for leaks, ceiling tile replaced.

**Long term correction:**

1. Routine walk thru by Administrator. *Any surfaces found in need of cleaning or repair will be put on maintenance schedule. - JG*

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

NAME AND ADDRESS OF PERSONAL CARE HOME REBECCA S AT EVERETT. 118 MASTERS AVENUE EVERETT. PA 15537		CURRENT LICENSE NUMBER 324072	
INSPECTION DATES (Include all dates of the inspection) 11/17/2010		REGIONAL REPRESENTATIVE Ron Mirmich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Evelyn Platt PCHH/CA</i>			
SIGNATURE OF LEGAL ENTITY <i>Evelyn Platt</i>	DATE <i>11/23/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Erb</i>	DATE <i>12/1/10</i>

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
132h A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	As of the date of this inspection, the home has not had a fire inspection by a fire safety expert during the past twelve months.		<i>See p. 10A - attached</i>	<i>12/1/10 SE</i>

027

REBECCAS PCH INC

11/23/2010 17:51 FAX 18146525090

Regarding VR page 10<sup>A</sup> of 10

BE 12/1/10

**Short term correction:**

1. Obtain copy of Fire inspection from Fire Safety Expert done on June 21, 2010.

**Long term correction:**

1. Schedule annual inspect with Fire Safety Expert to have fire inspection done and obtain copy of Fire Inspection Report as soon as possible. *Administrator will schedule & keep documentation.*