

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 6, 2011 until April 6, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **413710**

Robert E. Robinson

ISSUING OFFICER

R. C. King

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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 30 2011

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

Ms. Karen Adams, Owner/Operator
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 January 12, 2011 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.

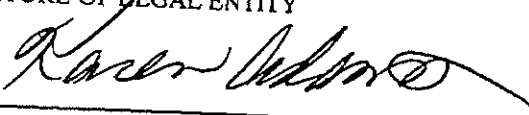
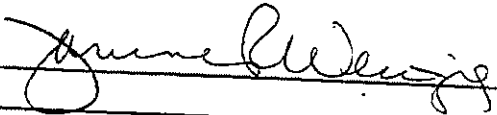
A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R Melusky".



Ronald Melusky
Acting Director


Enclosures
License
Violation Report

NAME AND ADDRESS OF PERSONAL CARE HOME THE ADAMS HOUSE, 314 FALLOWFIELD AVENUE CHARLEROI, PA 15022		CURRENT LICENSE NUMBER 413710	
INSPECTION DATES (Include all dates of the inspection) 01/12/2011		REGIONAL REPRESENTATIVE L. Mazza, 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)			
SIGNATURE OF LEGAL ENTITY 		DATE 3/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 3-14-11


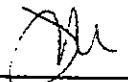
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The home's current violation report was not posted in a conspicuous and public place in the home.	1/12/2011 3/31/11	VR WAS POSTED ON WALL IN PUBLIC HALLWAY WHERE IT COULD BE REACHED WITHOUT NEED TO TAKE DOWN. ADMINISTRATOR WILL CHECK ON A DAILY BASIS AS TO ITS POSTING. The home's most recent VR will be posted in a conspicuous and public place in the home where it is accessible for residents and visitors to review. Jm 3-14-11	Jm. 3-14-11

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

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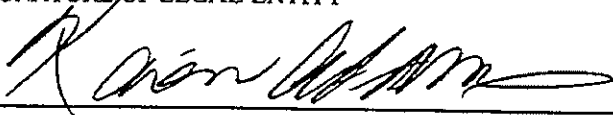

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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Two residents reside in bedroom #4, but only one chair was present in the bedroom. Two residents reside in bedroom #2, but only one chair was present in the bedroom.	1/12/2011	① CHAIRS WERE REPLACED IN EACH BEDROOM. ② STAFF WAS NOTIFIED THAT THEY MUST CHECK BEDROOMS DAILY FOR REQUIRED ITEMS IN THEM (NOTING CHAIRS)	 3-14-11

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	There was no thermometer present in the upright freezer closest to the door in the basement. There were no thermometers present in the small refrigerator/freezer unit, located in the basement.	1/12/11 1/20/11 4-15-11	THERMOMETER WAS FOUND BEHIND FROZEN FOOD IN FREEZER. THERMOMETERS WERE PURCHASED & PLACED IN SMALL REFRIGERATOR/FREEZER IN BASEMENT. Kitchen staff will be educated on the requirement to monitor the temperatures in the refrigerators and freezers to ensure that food is stored at safe temperatures. DM 3-14-11	Steps have been taken to correct violation; full compliance is not verifiable 3-14-11 DM Date Initials (DPW)
Western Region				
Adult Residential				

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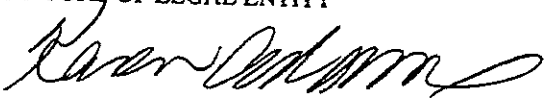
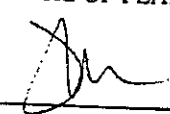
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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	There was an accumulation of lint located on the vent duct, pipes and wall behind the washer and dryer in the main kitchen.	2/1/11	<p><i>THIS TASK WAS ASSIGNED TO A MALE STAFF TO BE CHECKED & CLEANED EVERY 2 WKS. IT WAS CLEANED OUT ON 1/13/11. A MALE STAFF WAS CHOSEN BECAUSE HE WOULD BE MORE ABLE TO MOVE APPLIANCES WITHOUT INJURY.</i></p> <p><i>All staff will be educated on need to monitor lint accumulation and to inform administrator immediately if they are unable to clean the area immediately.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-14-11 <i>DPW</i></p> <p>Date Initials (DPW)</p>
Western Region		4/15/11		

MAR 9 2011

Adult Residential Licensing

Jan 3-14-11

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	An empty wheelchair was blocking the second floor exit door to the outside.	1/12/11	<p>① WHEEL CHAIR WAS MOVED TO BASEMENT.</p> <p>② STAFF WAS REMINDED OF REGULATION 121a & SAFETY CONCERN.</p> <p>③ STAFF WAS REPRIMANDED FOR CAUSING US TO GET CITATION.</p>	
		3/31/11	<p>Staff will monitor all hallways, doorways, passageways and egress routes daily and on each shift as part of their regular duties to ensure that all are kept clear.</p>	

Western Region

MAR 9 2011

Adult Residential Licensing



Steps have been taken to correct violation; full compliance is not verifiable


3-14-11 

Date Initials (DPW)

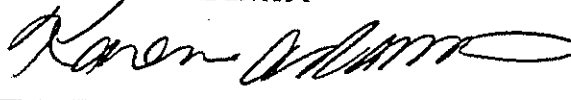

Administrator will monitor at least monthly. JM 3-14-11


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124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	An updated notification as to where the residents with mobility needs are located inside the home was not sent to the local fire department.	1/13/11	<p>① AN UPDATED NOTIFICATION WAS GIVEN TO FIRE DEPT. NOTING: A. ADDRESS OF HOME, B. LOCATIONS OF BEDROOMS C. ASSISTANCE NEEDED BY RESIDENTS TO VACATE HOME IN AN EMERGENCY</p> <p>② COPY OF NOTIFICATION WILL BE KEPT IN FIRE DRILL FILE IN FUTURE.</p>	 3-14-11
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
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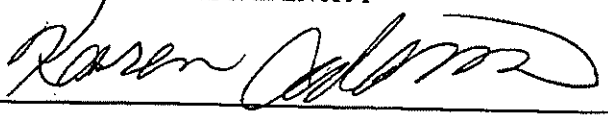

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	According to administrator D, the annual fire drill was conducted on 5/28/10 by a fire safety expert. However, there was no documentation present in the home indicating that the fire safety expert conducted an annual fire safety inspection and fire drill in 2010.	1/12/11	<p>① THE ANNUAL FIRE DRILL WAS CONDUCTED ON 5/28/10. FIRE DRILL LOG WAS SIGNED BY FIRE EXPERT FROM CHARLEROI FIRE DEPT. (COPY ATTACHED)</p> <p>② LETTER WILL BE OBTAINED ON A going basis in this regard.</p> <p>③ COPIES WERE LEFT @ FIRE DEPT. FOR FILING OUT & SIGNATURES, BUT WERE RETURNED IN A TIMELY MANNER.</p>	 3-14-11
Western Region				
MAR 9 2011				
Adult Residential Licensing				

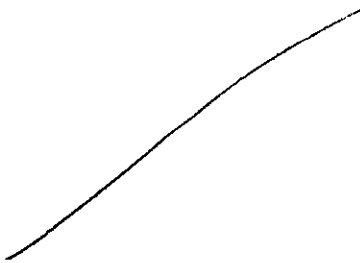
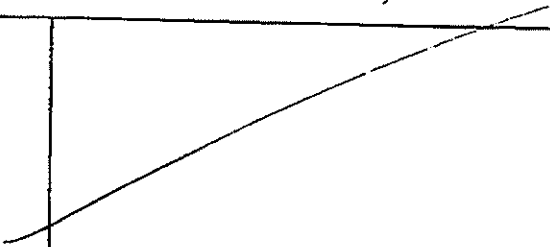
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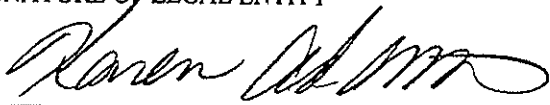

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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1, dated 2/26/10, states "see attached" under medications. The attached document was not signed or dated by the physician that completed the medical evaluation. Western Region MAD 3 2011 Adult Residential Licensing	1/12/11	IN THE FUTURE WHEN MEDICAL EVALUATIONS ARE COMPLETED IF A MEDICATION LIST IS ATTACHED, WE WILL SEND BACK TO AD FOR SIGNATURE IF NOT SIGNED OR DATED.	 3-14-11

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	 Western Region MAR 9 2011 Adult Residential Licensing			


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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	The following medications for resident #3 were not administered at 8:00am as prescribed: Sensipar-30mg tablet, Theophylline-200mg tablet, Renal Caps, Aspirin-81mg enteric coated, Atenolol-25mg tablets, Pratropium and albuterol solution, Advair 250/50 and Tamsulosin-0.4mg capsules. Western Region Adult Residential Licensing	11/13/11 3/31/11	STAFF HAS BEEN INSTRUCTED TO CALL UNIDENTIFIED STAFF WHO ARE WITHIN WALKING DISTANCE (IF ANOTHER STAFF WAS UNABLE TO GET TO HOME BECAUSE OF BAD WEATHER) WE HAVE SEVERAL STAFF WHO ARE FROM 1-6 BLOCKS AWAY & ARE ON CALL FOR SUCH SITUATIONS. Residents will receive medications as prescribed and medications will be administered by qualified staff persons. on 3-14-11	Steps have been taken to correct violation; full compliance is not verifiable 3-14-11 Date Initials (DPW)

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #2 was admitted on 9/17/10. The assessment was not completed until 10/22/10.	3/31/11 3/31/11	The Administrator or designated staff person will review all new resident documentation to ensure that an initial assessment is completed within 15 days of admission. All staff persons involved with the completion or review of resident assessments will be educated regarding accurately completing the entire document and the required completion dates	Steps have been taken to correct violation; full compliance is not verifiable. 3/14/11 Date  Initials (DPW)

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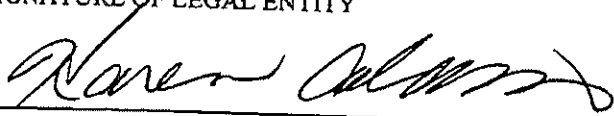
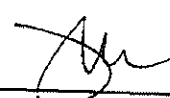
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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	<p>Resident #1's medical evaluation, dated 2/26/10, states that the resident is unable to move from one location to another without physical assistance from others, and that the resident has difficulty in understanding and following oral directions in the event of an emergency. Resident #1's assessment, dated 2/9/10, states that the resident is independently mobile with an ambulation device (walker).</p> <p>Resident #3's medical evaluation, dated 4/1/10, states that the resident is unable to move from one location to another without physical assistance from others, and that the resident has difficulty in understanding and following oral directions in the event of an emergency. Resident #3's assessment, dated 4/10/10, states that the resident is independently mobile with an ambulation device (walker/cane).</p> <p>Resident #4's medical evaluation, dated 1/27/10, states that the resident is unable to move from one location to another without oral prompting from others. Resident #4's assessment, dated</p>	3/5/11	<p align="center">INDEPENDENTLY</p> <p>RESIDENT (1) - IS MOBILE W/ WALKER. IN FUTURE WE WILL TALK TO M.D. IF THERE IS A DISCREPANCY SO THAT BOTH OUR ASSESSMENT & med eval AGREE. RESIDENT (3) M.D. SAW RESIDENT IN HIS OFFICE IN WHEELCHAIR. RESIDENT WALKS TO BEDROOM & BATHROOM USING WALKER. [REDACTED] GOES TO DIALYSIS IN WHEELCHAIR. [REDACTED] CAN UNDERSTAND DIRECTIONS & DOES NOT HAVE DEMENTIA. [REDACTED] GETS AROUND IN W/ WITHOUT ASSISTANCE. IN FUTURE WE WILL COMMUNICATE W/ M.D. SO OUR FORMS ARE THE SAME IN THIS MATTER.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">3-14-11 Date Initials (DPW)</p>

Western Region

CONT. NEXT PAGE.

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
Western Region Adult Residential Licensing	2/9/10, states that the resident is mobile and walks without assistance.	3/5/11 A/15/11	RESIDENT (4) WALKS AN OVER TOWN DAILY WITHOUT ANY ASSISTANCE. [REDACTED] IS IMMOBILE IN ANY WAY OR FASHION WE HAVE CONTACTED MD TO INITIAL MASS AS TO HIS INDEPENDENCE & MOBILITY. IN FUTURE WE WILL COMMUNICATE W/ MD RE: THIS MATTER. THE INSPECTOR MET RESIDENT @ PCH. ON 1/12/11. If there is a discrepancy between the medical and mobility needs assessment by the home, the more stringent	

assessment will be used until discrepancy is resolved. 3-14-11

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

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NAME AND ADDRESS OF PERSONAL CARE HOME THE ADAMS HOUSE, 314 FALLOWFIELD AVENUE CHARLEROI, PA 15022		CURRENT LICENSE NUMBER 413710	
INSPECTION DATES (Include all dates of the inspection) 01/12/2011		REGIONAL REPRESENTATIVE L. Mazza, 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)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #2 was admitted on 9/17/10. The support plan was not completed until 11/1/10.	3/3/11 3/31/11	The administrator or designated staff person will review all new resident admission documentation to ensure all new residents have a support plan developed within 30 days of admission to the home All staff persons involved with the completion or review of support plans will be educated regarding accurately completing the entire document and the required completion dates.	Steps have been taken to correct violation; full compliance is not verifiable 3/14/11 Date  Initials (BPW)