

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST. JUDE'S HAVEN, INC.

LEGAL ENTITY

To operate ST. JUDE'S HAVEN PERSONAL HOME

NAME OF FACILITY OR AGENCY

Located at 1072 MT. AIRY DRIVE, JOHNSTOWN, PA 15904

(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 16  
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 March 1, 2011 until March 1, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 307870

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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 09 2011

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

Ms. Joan McDowell, Owner/Administrator  
St. Jude's Haven, Inc.  
St. Jude's Haven Personal Home  
1072 Mt. Airy Drive  
Johnstown, Pennsylvania 15904

Dear Ms. McDowell:

As a result of the Department of Public Welfare's licensing inspection on January 20, 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,

  
Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

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ST JUDE HAVEN

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02:09

02/22/2011

NAME AND ADDRESS OF PERSONAL CARE HOME ST JUDE S HAVEN PERSONAL HOME, 1072 MT AIRY DRIVE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 307870	
INSPECTION DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Lori Gensil, Denny Granahan	
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>Jan McInnell</i>	DATE 1-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomer</i>	DATE 2/22/11

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
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).  Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	<ul style="list-style-type: none"> <li>Direct care staff member A's, hire date 9/30/10, criminal history background check is dated 6/9/09, which exceeds one year prior to the hire date. There have been no additional criminal history background checks obtained.</li> <li>Direct care staff member B's, hire date 8/10/10, criminal history background check is dated 1/20/11, which exceeds 30 days from the hire date.</li> </ul> <p align="center">PCH Division Central Region Field Office</p> <p align="center">FEB 22 2011</p> <p align="center"><b>RECEIVED</b></p>	1-31-11	<p><i>During a change in office personnel - we had an unfortunate incident of paper mess up. Mistakenly we have included the history's request. a credit check on all office personnel. We will schedule in each employee folder. We will be used to eliminate this problem.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/22/11 <i>CB</i></p> <p>Date Initials (DPW)</p>

PRINT TIME FEB. 22. 1:16PM

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

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NAME AND ADDRESS OF PERSONAL CARE HOME ST JUDE S HAVEN PERSONAL HOME, 1072 MT AIRY DRIVE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 307870	
INSPECTION DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Lori Gensil, Denny Granahan	
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>Jean Mc Luwell</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombard</i>	DATE 2/22/11

ST JUDE HAVEN

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(relating to protective services for older adults) and other applicable regulations.		2-20-11	STAFF A + W now longer employed at this facility	<i>cont'd</i>

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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>Janice Dwell</i>	DATE 2-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombardieri</i>	DATE 2/22/11

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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	On 1/16/11, from 3P-11P there were no staff persons working in the home who were certified in first aid.	2-1-11	We have a class scheduled by the Anne Red Cross for First Aid - and CPR re-certification 2-10-11 All staffs must attend at 10:00 in the morning. We can't get anything sooner. The CPR will be for 2 years. The administrator will track when the F/A and/or CPR must be renewed for each staff person. CS 2/22/11	2/22/11 CS

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

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SIGNATURE OF LEGAL ENTITY <i>Jan M. Danell</i>	DATE 1-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 2/22/11

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
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person C, hired on 9/4/10, provides unsupervised ADL services, but did not complete the DPW direct care online training course.	1-31-11	<i>Due to the situation with the new office staff - we once again have had to produce the new document. The check list on each employee folder should identify the problems.</i>	
			<i>All new direct care staff will complete the DPW direct care online training course prior to providing unsupervised ADL's.</i>	

Steps have been taken to correct violation; full compliance is not verifiable  
 2/22/11  
 Date Initials (DPW)

02/22/11

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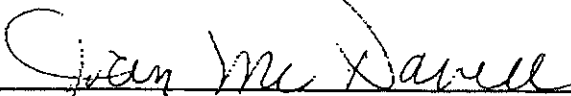

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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual			Also, staff person C is no longer employed - by this facility.	Contd

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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				<u>Cont'd</u>

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SIGNATURE OF LEGAL ENTITY <i>Juan M. Davel</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>	DATE 2/22/11

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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				<i>Contd</i>

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SIGNATURE OF LEGAL ENTITY <i>Jan M Dowell</i>	DATE 2-2-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bums</i>	DATE 2/22/11

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
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	Direct care staff member D did not receive training in fire safety, emergency preparedness procedures, OAPSA and resident rights during training year 2010.	2-2-11	<i>Staff D completed fire safety - R Rights OAPSA - and emergency preparedness the first aid class will be 2-10-11 the summit I would get Red Cross will come to the facility.</i>	

*The Administration has implemented the use of a checklist to verify that all required trainings and documents for new hires are complete. 02/22/11*

Steps have been taken to correct violation; full compliance is not verifiable  
2/22/11  
Date Initials (DPW)

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regulations). (4) The Older Adult 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.				<i>Contd</i>

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