



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: April 11, 2011**

Mr. Austin Virgo, President/Administrator  
Austin Virgo, Inc  
3411 North 17<sup>th</sup> Street  
Philadelphia, Pennsylvania 19140

RE: Quality Assisted Care, Inc

Dear Mr. Virgo:

As a result of the Department of Public Welfare's licensing inspection on March 1, 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.

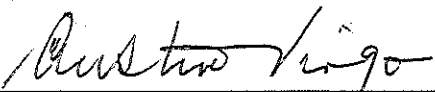

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

Chevon Mitchell  
Regional Licensing Administrator

Enclosure(s)  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME QUALITY ASSISTED CARE INC, 3411 NORTH 17TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 193050	
INSPECTION DATES (Include all dates of the inspection) 03/01/2010		REGIONAL REPRESENTATIVE James Jesse Hummel, Lori Knockstead	
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 3/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/7/11

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
16d The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.	On 1/8/11 resident #1 left the home to go for a walk. The resident did not return to the home that evening. The home contacted the Police the next morning when they realized that resident #1 had still not returned. The home submitted an initial incident report to the Department on 1/9/11. Resident #1 was missing for 18 days before Administrator A was contacted by the Medical Examiners Office on to come and identify a body believed to be resident #1. Administrator A positively identified the body as Resident #1 on 1/26/11. The home did not submit a final report to the Department until 1/28/11.	Date to be Completed: Immediate Action	In the Future To Assured Continued Compliance with This Regulation Administrator will have noted documentation To be Alerted To Submit A Final report in a timely MANNER Immediately Following the Conclusion of an Investigation	Steps have been taken to correct violation; full compliance is not verifiable 4/7/11 Date Initials (DPW)

ADULT RESIDENTIAL LICENSING  
SOUTHEAST REGION FIELD OFFICE

MAR 31 2011

RECEIVED