



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
SOUTHEAST REGIONAL FIELD OFFICE
NORRISTOWN STATE HOSPITAL
1001 STERIGERE STREET
BUILDING 2, ROOM 161
NORRISTOWN, PA 19401

ADULT RESIDENTIAL LICENSING

TELEPHONE: (610) 270-1137
FAX: (610) 270-1147

DATE MAILED: February 7, 2012

Ms. Celeste DaShiell, Administrator/President
TEC Corp dba Family & Friends
P.O. Box 447, 112 Cafferty Road
Pt. Pleasant, Pennsylvania 18950

RE: Family and Friends Stone Ridge

Dear Ms. DaShiell:

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

Sincerely,

A handwritten signature in cursive script that reads "Neil S. Cody".

Neil S. Cody
Regional Licensing Administrator


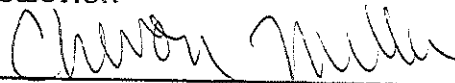
Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Family and Friends Stone Ridge, 112 Cafferty Road Point Pleasant, PA 18950		CURRENT LICENSE NUMBER 136330	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Cindy Yellenic, Pat Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Celeste DaShiell, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 12-14-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 1/29/12

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On October 29, 2011, the home lost power. The home did not report the incident to the Department.	Ongoing, as indicated by occurrence 12/19/11 12/15/11	Family + Friends shall report loss of power as indicated by 16c to DPW's PCH regional office or PCH complaint hotline within 24 hours of the incident. Family + Friends Policy + Procedure for Plan of Action During a Power Outage has been revised to include reporting requirements as indicated by 16c. (See Attachment # 1) Administrator and designee have reviewed the reporting requirements for 16c as clarified in the regulatory compliance guide.	Steps have been taken to correct violation; full compliance is not verifiable NSC Initials (DPW) Date 2/7/12



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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
107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and	The home's emergency preparedness plan calls for the home to relocate residents to a local elementary school in the event of an evacuation. On 10/29/11 the home lost power and decided that they needed to evacuate residents, however the alternative location was not available for the home to evacuate residents to.	12/14/11 1/12/12 1/13/12 week of 1/10/12	During power outage Administrator developed and implemented an alternate relocation plan due to alternate location being unavailable and also without power. For full description of actions taken please refer to incident report submitted to PPW (see attached) #2 Family + Friends is in process of installing an 800 amp commercial generator automatic transfer switch and propane tank Excavation, pouring concrete pad and preliminary electrical work for generator. (see attached invoices/proposals) #3 Delivery and connection of generator. generator operational. Emergency Preparedness plan will be updated to include generator. Updated plan will be submitted to the local emergency management coordinator and local fire chief for review. In service to all staff regarding generator operation and troubleshooting as well as review of the updated emergency preparedness plan.	NSC 2/7/12

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emergency care of residents. (4) Means of transportation in the event that relocation is required. (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.		1/14/12 1/16/12 12/9/11	Contract with emergency generator repair company for ongoing maintenance and testing as indicated by manufacturer's guidelines. The generator will provide power for water (cold only), heat (AC, stove), refrigerators, freezers, well pump, lights and outlets for 48 hours before a refill will be necessary. A contract with a propane company for auto refill after 26 hours of generator use. Policy + procedure developed for generator failure (see attached) #4	