

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JACK AND CHERYL EVANS SENSANBAUGHER

To operate EVANS' PERSONAL CARE HOME

Located at 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141

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 8
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 2, 2011 until December 2, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **417370**

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

JAN 17 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Cheryl Sensanbaugher, Owner/Administrator
Jack and Cheryl Evans Sensanbaugher
P.O. Box 214
New Galilee, Pennsylvania 16141

RE: Evans' Personal Care Home
503 Centennial Avenue
New Galilee, Pennsylvania 16141

Dear Ms. Sensanbaugher:

As a result of the Department of Public Welfare's licensing inspection on November 9, 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
Director

Enclosures
License
Violation Report

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

Page 1 of 17

p.4
PAGE 84/22

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jack Sensenbaug</i>	DATE 12/20/11

724-336-1028

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
42a A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	Resident #1 and #2 use the bedside commode in their shared bedroom. There is no privacy provided for the resident during the use of the commode. Western Region Adult Residential Licensing	NOV. 9, 2011 1/15/12	Bedside commode was removed during inspection. Resident walks to bathroom at night. If a resident requires a bedside commode, the administrator will ensure that a curtain or other device is used for	<i>Jack Sensenbaug</i> 12/20/11

Cheryl & Jack Sensenbaug
941 25652840
12/13/2011 12:28

resident's privacy.
Jack Sensenbaug 12/20/11

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

Page 2 of 17

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaugh</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/20/11

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
S1/52 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	Direct care staff person A, hired 5/20/10, did not have a criminal background clearance completed until 6/8/11. Western Region	12-11-11	Staff Person A HAD ANOTHER Criminal Background. Check Done Because her other job, kept her Certifications when she got hired and did not Return them to us. When I (Admin.) Noticed It was Missing - we Completed Another. NO Files Are to Be	<i>[Signature]</i> 12/20/11

Adult Residential Licensing

Removed from our Personal Care Home -

See Page 3

p.6
PAGE 05/22

724-336-1028

Cheryl & Jack Sensenbaugh
12/13/2011 12:20 94125652840


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


NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</i>	DATE 12/20/11

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
(relating to protective services for older adults) and other applicable regulations.	Western Region	1/15/12	Administration will ensure that a copy of each staff person's criminal record check is kept on file and is completed within 30 days of hire.	

Adult Residential Licenses

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


NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/20/11

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
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	Direct care staff person A, whose first day of work was 5/20/10, did not receive training on smoking safety procedures and telephone use and notification of emergency services prior to or during the first work day. Western Region	12-11-11 1/15/12	Check list for all Orientation will now include these Personal opinion if they don't know how to use telephone they shouldn't be employed by us. Administrator will ensure that all staff persons and volunteers receive training in all required topics	 12/20/11

Adult Residential Licensing

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

Page 5 of 17

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McCoanell	
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>Chief Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/20/11

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
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.	Western Region Adult Residential Licensing		<i>under 65a prior to or during the first work day.</i> <i>Jr 12/20/11</i>	

p.8
PAGE 88/22

724-336-1028

Cheryl & Jack Sensenbaug
12/13/2011 12:28 94125552848

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

Page 6 of 17

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/20/11

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
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	Direct care staff person A began work at the home on 5/20/11, and who has completed more than 40 work hours, has not received orientation on reporting of reportable incidents and conditions. Western Region Adult Residential Licensing	12-11-11 w/slu	Checklist now includes ALL Required Items for Orientation. Staff Person has completed all Required Training. Administrators will ensure that all staff persons receive required training under 65b within first 40 hours of work.	<i>[Signature]</i> 12/20/11

[Signature] 12/20/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</i>	DATE 12/20/11

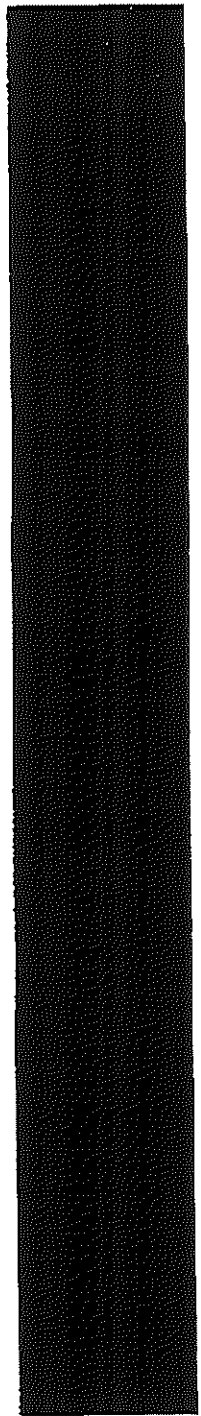
REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	Western Region			

Adult Residential Licensing

p.10

724-336-1028

Cheryl & Jack Sensenbaug



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

Page 8 of 17

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Chief Jennifer</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</i>	DATE 12/20/11

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #3, has a 1/2 bedrail on both sides of the bed. The home does not have a physician's order for the bedrail. The bedrail has three open areas that measure approximately 12" wide, which pose an entrapment risk to the resident.	NOV. 9, 2011	These rails were removed during inspection. Admin. has knowledge of Bedrail not being permitted without A PHYSICIAN ORDER, and will ensure that all requirements are met for bedrail use. DM 12/20/11	<i>DM</i> 12/20/11

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</i>	DATE 12/20/11

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
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 11/09/11, there was an accumulation of lint in the lint trap of the dryer in the basement. Western Region Adult Residential License	12-11-11 1/15/12	Family/Staff have been Re Instructed on Removal of lint. Daughter had her Personal laundry IN Dryer + She WAS Re Instructed to Always Remove lint. Staff persons will check daily and on each shift, to ensure	Steps have been taken to correct violation; full compliance is not verifiable Date <i>12/20/11</i> Initials (DPW)

Dryer is free of lint. The administration will monitor lint trap at least weekly.

DM 12/20/11

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

Page 10 of 17

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</i>	DATE 12/20/11

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
130a There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.	The nearest operable smoke detector to the lower level resident bedroom in the sitting room is 18'. Western Region	12-11-11	Smoke Detector is now IN PLACE. was defective Will ensure all documentation on Battery Date + Replacing, and testing monthly. <i>J. Szolca</i>	<i>J</i> 12/20/11

Adult Residential Licensing

p.1
PAGE 13/22

724-336-1028

Cheryl & Jack Sensenbaug
94125652840

12/13/2011 12:28

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

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JW</i>	DATE 12/20/11

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
130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.	12-11-11	ALL STAFF HAVE BEEN INSTRUCTED AGAIN AS TO 15 min checks. Admin. would be notified to contact REPAIR MAN if ALARM BECAME INOPERABLE.	<i>JW</i> 12/20/11

Adult Residential Licensing

*To include the above procedure.
J, 12/20/11*

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

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Chief Semoleaf</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Oh</i>	DATE 12/20/11

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																																																																	
132e A fire drill shall be held during sleeping hours once every 6 months.	The last fire drill conducted during sleeping hours was on 3/19/11. <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td>02/10/2011</td><td>04:35 AM</td><td>1 min 10 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/18/2011</td><td>11:30 PM</td><td>40 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/06/2011</td><td>08:40 AM</td><td>52 sec</td><td>No</td></tr> <tr><td>May</td><td>05/17/2011</td><td>04:25 PM</td><td>68 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/08/2011</td><td>02:10 PM</td><td>47 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/13/2011</td><td>01:20 PM</td><td>54 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/26/2011</td><td>11:35 AM</td><td>54 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/30/2011</td><td>08:40 AM</td><td>45 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/27/2011</td><td>10:15 AM</td><td>43 sec</td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table> <p align="center">Western Region</p>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb	02/10/2011	04:35 AM	1 min 10 sec	No	Mar	03/18/2011	11:30 PM	40 sec	No	Apr	04/06/2011	08:40 AM	52 sec	No	May	05/17/2011	04:25 PM	68 sec	No	Jun	06/08/2011	02:10 PM	47 sec	No	Jul	07/13/2011	01:20 PM	54 sec	No	Aug	08/26/2011	11:35 AM	54 sec	No	Sep	09/30/2011	08:40 AM	45 sec	No	Oct	10/27/2011	10:15 AM	43 sec	No	Nov				No	Dec				No	12-11-11	Every 6 months Fire Drill will Be completed During Sleeping Hours. FILE Log will Be High lighted AS TO month this needs to Be Completed.	Steps have been taken to correct violation; full compliance is not verifiable 12/20/11 Date: <i>[Signature]</i> Initials (DPW)
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan				No																																																																	
Feb	02/10/2011	04:35 AM	1 min 10 sec	No																																																																	
Mar	03/18/2011	11:30 PM	40 sec	No																																																																	
Apr	04/06/2011	08:40 AM	52 sec	No																																																																	
May	05/17/2011	04:25 PM	68 sec	No																																																																	
Jun	06/08/2011	02:10 PM	47 sec	No																																																																	
Jul	07/13/2011	01:20 PM	54 sec	No																																																																	
Aug	08/26/2011	11:35 AM	54 sec	No																																																																	
Sep	09/30/2011	08:40 AM	45 sec	No																																																																	
Oct	10/27/2011	10:15 AM	43 sec	No																																																																	
Nov				No																																																																	
Dec				No																																																																	

12/21/11 Sleeping hours fire drill scheduled on 12/20/11 at 11 PM.

[Signature] 12/20/11

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

Page 13 of 17

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Or</i>	DATE 12/20/11

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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #2 was admitted on 8/22/11. The medical evaluation forms are dated 2/14/11 and 10/20/11. Resident #4 was admitted on 8/10/11. The medical evaluation was completed 10/20/11. Western Region Adult Residential Licensing	12-11-11	Residents were Admitted to Home with Current Med Eval. Oversight By Admin to get New med eval. Future New Admissions will have New Med Eval. Done IN Timely MANNER. Checklist for ALL Forms for New Charts will be IN PLACE.	<i>stholu</i>

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

Page 14 of 17

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/21/11

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
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 #2, dated 10/24/11, does not include the resident's diet and medication information. Western Region Adult Residential Licensing	12-11-11 1/15/11	Second med. eval. WAS INcomplete. Admin. Took to Dr. [REDACTED] During lunch Break of Inspection at which time these items were completed. Proper For Future Refrence a staff will check over med. eval. to look for ANY Item not completed. Any form missing information	<i>[Signature]</i> 12/21/11

will be returned to physician for completion.
[Signature]

p.5
PAGE 17/22

724-336-1028

Cheryl & Jack Sensenbaug
12/13/2011 12:28 94125652840

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

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/20/11

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
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			

Adult Residential Licensing

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

Page 16 of 17

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Chief Administrator</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/20/11

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
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Direct care staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents of the home.	12-11-11 <i>[Signature]</i>	Staff Person A did Complete Medication TRAINING on 5-25-10. Previous P.C.Home. Faxed Certification form that ORIGINAL TRAINING DATE WAS 1-23-09 with Receipt on 5-25-10. This WAS given to INSPECT. during our inspection. Copy enclosed	

Western Region

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>Cheryl Sensenbaug</i>	DATE 12-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ch</i>	DATE <i>12/20/11</i>

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 11/11/11, 11/21/11 and 11/29/11, at 2pm., resident #3 was administered the medication Haloperidol 2mg/ml. Staff did not initial the date and time of administration.	12-11-11	Review has been done with staff as to importance of signing MAR at completion of giving medications.	
	Western Region	1/15/12	Each staff person who administers medication will check MAR at end of shift to ensure proper documentation.	
	Adult Residential Licensing	1/15/12	The administrator will review the MAR at least weekly to ensure proper documentation.	

Steps have been taken to correct violation; full compliance is not verifiable
Date: 12/20/11 Initials (DPW): *Ch*

J 12/20/11