



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

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Mailing Date: **FEB** 2 2012

Mr. Scott A. Farabaugh, Administrator
New Hope Assisted Living, Inc.
New Hope Assisted Living
300 Union Avenue
Avalon, Pennsylvania 15202

Dear Mr. Farabaugh:

As a result of the Department of Public Welfare's licensing inspection on December 13, 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 black ink that reads "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME: NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 12/13 2011		REGIONAL REPRESENTATIVE L. Mazza	
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
			01/30/12


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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 12/8/11, staff person C was attempting to transfer resident #1 from a wheelchair, dropped the resident on the floor and fell on top of the resident. Resident #1 requires 2 staff persons to assist in transferring. Staff member B was present at the time resident #1 fell and attempted to assist staff member C, but staff member C stated he/she would transfer resident #1 without the assistance of another staff person.	February 6, 2012	<p>The specific change that will be made is as follows: The caregiver responsible for the fall is going to be re-assigned to the dietary department as soon as we are able to hire a suitable replacement. Until such time as he is re-assigned, he will not be permitted to transfer any Residents who require two staff persons. He is an experienced staff person who made a poor judgment and we will not risk him doing so again.</p> <p>It is New Hope's policy to not admit new Residents who require two persons to transfer. On occasion, a Resident, due to a short term illness, may require two staff persons to transfer safely. When this happens, the Resident's support plan shall be updated and a "Transfer Risk" sign placed in their room. A "Transfer Risk" sign shall serve as a reminder to all staff that this Resident requires the assistance of two for transfer. (continued on next page)</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: <u>12/11/11</u> Initials: <u>DPW</u></p>

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JAN 27 2012

Western Allegheny Office
Adult Residential Licensing

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