

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate ST. JUDE'S HAVEN PERSONAL HOME

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

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 17  
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 2, 2012 until March 2, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 307870

*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

MAR 13 2012

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

Ms. Joan McDowell, Administrator/Owner  
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 February 1, 2012 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.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish and the year "1980".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

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) 02/01/2012		REGIONAL REPRESENTATIVE Doug Hoover, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Joan Mc Dowell Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Joan Mc Dowell</i>		DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bambery</i>
			DATE <i>2/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 A, hired 5/6/11, had a criminal background check completed by another facility that was dated 10/18/05. No additional criminal checks were obtained by the home at the time of hire.</li> <li>Direct care staff B, hired 1/12/12, had a criminal background check completed by another facility that was dated 8/20/08. No additional criminal checks were obtained by the home within the required time frames.</li> </ul> <p>Repeated Violations: 01/20/2011</p>	<p align="center"><i>2-24-12</i></p> <p align="center">PC# Division Central Region Field Office</p> <p align="center">MAR 5 2012</p> <p align="center"><b>RECEIVED</b></p>	<p>Direct care staff A was not checked properly when handed in was not aware of time limit procedure on criminal checks with prior employment. rectifying this situation by new hire, new criminal check; done by the administrator immediately before they can start employment check list will be attached to their file.</p> <p>Staff B same situation because of her employment at the hospital assumed incorrectly that her information was acceptable</p> <p><i>The administrator obtained criminal background checks for both staff</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right">Date <i>2/5/12</i> Initials (DPW) <i>OB</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ST JUDE S HAVEN PERSONAL HOME, 1072 MT AIRY DRIVE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 307870	
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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) <i>Joan McDowell</i>			
SIGNATURE OF LEGAL ENTITY <i>Joan McDowell</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE <i>3/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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.			<i>persons A+B - copies of which have been provided. </i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME ST JUDE S HAVEN PERSONAL HOME, 1072 MT AIRY DRIVE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 307870	
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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) <i>Jean McDowell Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Jean McDowell</i>		DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Embury</i>
			DATE <i>2/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	<ul style="list-style-type: none"> <li>• Direct care staff B, hired 1/12/12, does not have a high school diploma, GED diploma or active registration status with the Pennsylvania nurse aide registry.</li> <li>• Direct care staff C, hired 1/3/12, does not have a high school diploma, GED diploma or active registration status with the Pennsylvania nurse aide registry.</li> <li>• Direct care staff D, hired 12/11/11, does not have a high school diploma, GED diploma or active registration status with the Pennsylvania nurse aide registry.</li> </ul>	<i>2-24-12</i>	<p><i>for B</i> RN papers <del>were</del> on file with everything listed from the hospital. May have been overlooked. Staff C no longer employed at the time of inspection. Staff D copy attached. Check list to eliminate problem administrator will make sure new hires paper work is completed before starting to work.</p>	<p align="right">Steps have been taken to correct violation; full compliance is not verifiable <i>2/5/12</i> Date Initials (DPW)</p>

VIOLATION REPORT  
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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	
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SIGNATURE OF LEGAL ENTITY <i>Joan Mc Dowell</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE <i>3/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
services with reasonable skill and safety.				<u><i>Cont'd</i></u>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ST JUDE S HAVEN PERSONAL HOME, 1072 MT AIRY DRIVE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 307870	
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SIGNATURE OF LEGAL ENTITY <i>Joan McDowell</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Meyer</i>	DATE <i>2/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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.	The home has a census of 16 residents. Direct care staff C, who is not certified in CPR and first aid, worked alone from 11:00 PM to 12:00 AM on 1/9/12, 1/13/12, 1/14/12 and 1/15/12.  Repeated Violations: 01/20/2011	<i>2-24-12</i>	<p><i>Direct care staff C was not alone. I administrator went over from 11pm-12am on 1-9-12 and 1-13-12 on 1-14-12 11am-1pm 1-15-12. 11pm-12am but due to my neglect of not posting my times on the schedule it appears. She was alone but this is not so.</i></p> <p><i>The administrator in order to rectify this situation I now post all hours on the schedule that has anything to do with the home</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>3/5/12</i>      <i>DPW</i></p> <p>Date                      Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ST JUDE S HAVEN PERSONAL HOME, 1072 MT. AIRY DRIVE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 307870	
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SIGNATURE OF LEGAL ENTITY <i>Joan Mc Dowell</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bambery</i>	DATE <i>3/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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	<ul style="list-style-type: none"> <li>Ancillary staff E, hired 6/6/11, did not receive training in fire safety and emergency preparedness.</li> <li>Ancillary staff F, hired 1/4/12, did not receive training in fire safety and emergency preparedness.</li> </ul>	<i>2-24-12</i>	<p><i>To rectify this situation fire training was given 2-20-12 to E &amp; F. arrangements were made with the fire instructor to give all new hires training before they start</i></p> <p><i>Staff F. is not employed as of yet she is going to inherit the business so far therefore she is starting her 100 hrs of adm. training</i></p>	<p style="text-align: right;"><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p style="text-align: right;"><i>3/5/12</i></p> <p style="text-align: right;">Date <i>3/5/12</i> Initials (DPW) <i>VB</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ST JUDE S HAVEN PERSONAL HOME, 1072 MT AIRY DRIVE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 307870	
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SIGNATURE OF LEGAL ENTITY <i>Joan Mc Dowell</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE <i>3/5/12</i>

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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.			<i>Contd</i>	

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

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SIGNATURE OF LEGAL ENTITY <i>Joan McDowell</i>	DATE 2-24-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyb P Bombardieri</i>	DATE 2/5/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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	<ul style="list-style-type: none"> <li>• Ancillary staff E, hired 6/6/11, did not receive training in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.</li> <li>• Ancillary staff F, hired 1/4/12, did not receive training in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.</li> </ul>	2-24-12	Attached are all papers from in-trium resident rights and older protected service has been given to staff E & F attached are the forms that we use if these are not satisfactory we have requested for County Coordinator to come and help use make it more suitable for the state the administrator will work with her in order to meet compliance I am not working, but yet starting 100 hrs for training The administrator will review the training records of all new		Steps have been taken to correct violation; full compliance is not verifiable 2/5/12 Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Joan McDowell</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Brey</i>	DATE <i>2/5/12</i>

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
			<p><i>hires within two weeks of hire to ensure that all required training is being held and documented. The administrator is working to develop a training document to capture all initial and ongoing training dates. Quarterly training reviews will be done to assure all required training is provided.</i></p>	



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

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SIGNATURE OF LEGAL ENTITY <i>Joan McDowell</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE <i>3/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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>2-24-12</i>	<i>all staff training records on a quarterly basis to insure that all required trainings are being attended by all staff. Staff who miss mandatory trainings will be rescheduled.</i>	<i>CRH</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ST JUDE S HAVEN PERSONAL HOME, 1072 MT AIRY DRIVE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 307870	
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SIGNATURE OF LEGAL ENTITY <i>Joan McDowell</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Carol Bimby</i>	DATE <i>3/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
66a A staff training plan shall be developed annually.	The home does not have a staff training plan for 2011 or 2012.	<i>2-24-12</i>	<p><i>Attached are the Staff training plans for 2011; 2012. These are what we have. be using we have asked for County Coordinator to come to make use more compliance with the state. CPR; first Aide will be given on 3-1-12. The administrator has hired an instructor to come in and complete this.</i></p> <p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>The staff training plan will be revised to show all planned training for the year in advance. <i>CB</i></i></p>	<p><i>3/5/12</i></p> <p><i>DPW</i></p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Joan Mc Dowell</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cy/Bomber</i>	DATE <i>3/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The route of egress from the emergency exit by room #7 is not wide enough to accomodate walkers and wheelchairs in navigating safely away from the building.	<i>2-24-12</i>	<p><i>attached is the contract for the construction on the egress which can be completed. In the interim we are taking half of the ceiling off to comply until construction</i></p> <p><i>Construction expected to be completed in April. @</i></p>	<p><i>steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>3/5/12</i> Date <i>initials (DPW)</i></p>

VIOLATION REPORT  
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SIGNATURE OF LEGAL ENTITY <i>Joan Mc Dowell</i>		DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B. [Signature]</i>
			DATE <i>2/5/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The home does not permit smoking inside or outside and there are no designated smoking areas. A staff member was observed smoking outside in front of the exit door by the chapel room.	<i>2-24-12</i>	Smoking policies were established in 2008 & 2009 apparently they were not adequate enough. a check list was signed by employee was on board in the office. Policies # 54 is the Smoking policies which will be enforced by the administrator. The Administrator will make ground checks staff member that was observed smoking was given a written warning repeat will result in dismissal	Steps have been taken to correct violation; full compliance is not verifiable <i>2/5/12</i> Date Initials (DPW)

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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) JOAN McDowell			
SIGNATURE OF LEGAL ENTITY <i>Joan McDowell</i>	DATE 2-24-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyb D. B... [Signature]</i>	DATE 3/5/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Residents were not educated on their right to question or refuse medications if they believe that there may be a medication error.	2-24-12	Residents were educated as of 2009 we developed add. M to insure that the procedure was done. In checking we realized old copies were put in new resident folders. we are attaching a copy from a resident that was done 1-25-09 showing that it was an error. The administrator has added to the poster on the Bulletin Boards has a right to request or refuse med. if he/she believes there is a medication error. All resident contracts have the language	3/5/12 <i>[Signature]</i>

*included regarding the resident's right to question or refuse a medication if he/she believes there is an error. 3/5/12*