



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

OFFICE OF LICENSING AND
REGULATORY MANAGEMENT

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEB 13 2012

Mr. Robert L. Bickerton, Director
HAP Senior Care
Beaver Meadows Assisted Living Community
5130 Tuscarawas Road
Beaver, Pennsylvania 15009

Dear Mr. Bickerton:

On November 7, 2011, the Department of Public Welfare, Adult Residential Licensing (Department) notified you of the need to remove the term "Assisted Living" from the name of your personal care home or apply for licensure as an assisted living residence pursuant to 55 Pa.Code § 2800 (relating to assisted living residences) in order to comply with Act 56 of 2007. As of the date of this letter, you have not removed the term "Assisted Living" from the name of your personal care home, nor have you applied for licensure as an assisted living residence. As a result, you are in violation of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) as specified on the enclosed Violation Report.

The Department requires that an acceptable plan of correction be submitted in order to continue to operate your personal care home. Complete Column 3 of the attached Violation Report, indicating your plans to correct the violation. Your plan of correction must correct the specific issue cited, as well as include an ongoing, step-by-step plan to assure continued compliance with the regulation over a substantial period of time. Your plan of correction should include: what specific change will be made, who will make the change, when will the change be made, and how the change will be made. Please sign and date the Violation Report where indicated.

Please return your plan of correction within 9 calendar days of the mailing date of this letter. If the plan of correction is not received within the required time period, your license to operate the above personal care home may be revoked. You may, if you wish, submit your plan of correction via electronic mail. If you wish to do so, please send the report as an attachment to Mr. Jacob Herzing, Enforcement Manager, at jherzing@pa.gov.

Mr. Robert L. Bickerton

I am available to explain any statements on the attached violation report and to assist you in the development of an acceptable plan of correction.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM', with a long horizontal line extending to the right.

Ronald Melusky
Director

Enclosure
Violation Report

C: Mr. Kevin Longenecker, Director, Division of Licensing, Office of Long-Term Living

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Beaver Meadows Assisted Living Community 5130 Tuscarawas Road Beaver, Pennsylvania 15009		CURRENT LICENSE NUMBER 418010
ON-SITE INSPECTION DATE(S) (Document Review)	DEPARTMENT REPRESENTATIVE Ronald Melusky	

1 REGULATION 55 Pa.Code § 2600.	2 DESCRIPTION OF VIOLATION	3 PLAN OF CORRECTION (POC) Include steps to correct the violation in Column 2 and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Attach pages as necessary. Sign and date any attached pages.	4 DEPARTMENT USE ONLY POC STATUS AS OF <hr/> (DATE)
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	Pursuant to Act 56 of 2007 and 62 P.S. § 1057.3(i), "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa.Code Chapter 2800 (relating to assisted living residences). Beaver Meadows Assisted Living Community uses the term "Assisted Living" in its name and written materials and is not a licensed assisted living residence.		Fully Implemented Partially Implemented Adequate progress Inadequate progress Not Implemented

Printed Name and Title of Legal Entity Representative (Required on FIRST PAGE only unless multiple representatives complete the POC)	Signature of Legal Entity Representative (Required on EVERY page)	Date
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