

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LAURA B. SEGERS

LEGAL ENTITY

To operate LA CASA PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 13
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 April 2, 2012 until April 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 402110

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

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

APR 26 2012

Ms. Laura B. Segers, Owner/Administrator
La Casa Personal Care Home
1502 E. Washington Street
New Castle, Pennsylvania 16101

Dear Ms. Segers:

As a result of the Department of Public Welfare's licensing inspection on March 13, 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.

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

P. 2/9

TO: 14125652840

NAME AND ADDRESS OF PERSONAL CARE HOME LA CASA PERSONAL CARE HOME, 1502 E WASHINGTON STREET NEW CASTLE, PA 16101		CURRENT LICENSE NUMBER 402110	
INSPECTION DATES (Include all dates of the inspection) 03/13/2012		REGIONAL REPRESENTATIVE L Garrigan, M Stepanovich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Laura Segers, Owner/Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Laura Segers</i>	DATE <i>4/10/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>maria stepanovich (ms)</i>	DATE <i>4/13/12</i>

7246578664

APR-11-2012 12:07P FROM: LA CASA PCH

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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	There were approximately 6 nails protruding from the access panel, used to cover shower pipes, which had fallen off the wall in the second floor bathroom. The access panel was located on the floor propped between the wall and commode. There was a rotted area measuring approximately 2' long by 3" wide on the 4th step of the fire exit outside resident #1's bedroom which leads to the owners apartment.	<i>4/10/12</i>	<i>Panel was re-hung more securely. Housekeeper will check daily and report if it becomes loose.</i>	<i>ms 4/13/12</i>
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	There was a loose handrail at the fire exit stairs outside resident #1's bedroom leading to the owner's apartment. The top portion of the first baluster was loose and the 7th baluster was missing, exposing a nail which protruded approximately 1".		<i>Step was replaced. Administrator will check condition of all exterior steps weekly and repair/replace as needed.</i> <i>Handrail and baluster were secured. Administrator will check condition of all exterior railings weekly and repair/replace as needed.</i>	

Western Region

APR 11 2012

Adult Residential Licensing

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

P. 3/9

TO: 14125652840

7246578664

APR-11-2012 12:08P FROM: LA CASA PCH

NAME AND ADDRESS OF PERSONAL CARE HOME LA CASA PERSONAL CARE HOME, 1502 E WASHINGTON STREET NEW CASTLE, PA 16101		CURRENT LICENSE NUMBER 402110	
INSPECTION DATES (Include all dates of the inspection) 03/13/2012		REGIONAL REPRESENTATIVE L Garrigan, M Stepanovich	
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>Lama Segers</i>	DATE 4/10/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 4/13/12

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
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	There was an approximate 1" raised crack, posing a tripping hazard, across the entire width of the concrete sidewalk off the front porch.	4/20/12	Administrator will either ① remove section of damaged sidewalk and replace with new cement, or ② grind down the raised area of sidewalk. This will be completed by 4/20/12. Sidewalks will be assessed monthly for any hazardous areas that may develop due to frost heave or tree roots. Areas will be repaired in a timely manner.	

Western Region

APR 11 2012

Adult Residential Licensing

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

P. 479

TO: 14125652840

NAME AND ADDRESS OF PERSONAL CARE HOME LA CASA PERSONAL CARE HOME, 1502 E WASHINGTON STREET NEW CASTLE, PA 16101		CURRENT LICENSE NUMBER 402110	
INSPECTION DATES (Include all dates of the inspection) 03/13/2012		REGIONAL REPRESENTATIVE L Garrigan, M Stepanovich	
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>Laura Segers</i>	DATE 4/10/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 4/13/12

7246578664

APR-11-2012 12:08P FROM: LA CASA PCH

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
101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	Resident #2 did not have a bedside table or a shelf.	4/10/12	(Resident had chosen to remove bedside table and replace with dog's crate). Shelf was mounted to the wall next to head of bed. Rooms will be checked regularly for required items.	MS 4/13/12

Western Region

APR 11 2012

Adult Residential Licensing

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

P. 5/9

TD: 14:125652840

NAME AND ADDRESS OF PERSONAL CARE HOME LA CASA PERSONAL CARE HOME, 1502 E WASHINGTON STREET NEW CASTLE, PA 16101		CURRENT LICENSE NUMBER 402110	
INSPECTION DATES (Include all dates of the inspection) 03/13/2012		REGIONAL REPRESENTATIVE L Garrigan, M Stepanovich	
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>Laura Sezers</i>	DATE <i>4/10/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>ms</i>	DATE <i>4/13/12</i>

7246578664

APR-11-2012 12:09P FROM: LA CASA PCH

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident #3 had an inoperable lamp at bedside.	<i>4/10/12</i>	<i>Lightbulb was replaced the same day as inspection. Lamp is now operable. Bedside lamps will be checked weekly (or more often) by housekeeper.</i>	<i>ms 4/13/12</i>

Western Region

 APR 11 2012

 Adult Residential Licensing

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

P. 6/9

TO: 14125652840

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APR-11-2012 12:09P FROM: LA CASA PCH

NAME AND ADDRESS OF PERSONAL CARE HOME LA CASA PERSONAL CARE HOME, 1502 E WASHINGTON STREET, NEW CASTLE, PA 16101		CURRENT LICENSE NUMBER 402110	
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SIGNATURE OF LEGAL ENTITY <i>Laura Segers</i>	DATE 4/10/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MS	DATE 4/13/12

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #4's assessment, dated 4/22/11, does not include diagnoses of depression and hyperlipidemia as indicated on the medical evaluation, dated 6/27/11. Also, this resident's assessment does not include a reduced fat diet as indicated on the medical evaluation.	4/10/12	Assessment was amended to include diagnoses of depression and hyperlipidemia and to include "reduced fat diet." Administrator also checked other residents' assessments to ensure all diagnoses and diet restrictions were included. A schedule is now in place to double-check residents' assessments/support plans for accuracy and completeness.	MS 4/13/12

Western Region

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Adult Residential Licensing