

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HUMAN SERVICES CENTER

LEGAL ENTITY

To operate CARITAS

NAME OF FACILITY OR AGENCY

Located at 2882 OLD PRINCETON ROAD, NEW CASTLE, PA 16101

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 11
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 29, 2012 until March 29, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 441330

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

APR 30 2012

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

Mr. Dennis W. Nebel, Psy.D., Executive Director
Human Services Center
130 West North Street
New Castle, Pennsylvania 16101

RE: Caritas
2882 Old Princeton Road
New Castle, Pennsylvania 16101

Dear Mr. Nebel:

As a result of the Department of Public Welfare's licensing inspection on March 27, 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

NAME AND ADDRESS OF PERSONAL CARE HOME CARITAS, 2882 OLD PRINCETON ROAD NEW CASTLE, PA 16101	CURRENT LICENSE NUMBER 441330
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INSPECTION DATES (Include all dates of the inspection) 03/27/2012	REGIONAL REPRESENTATIVE Joseph Phillips, Laurie Garrigan
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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)

SIGNATURE OF LEGAL ENTITY <i>Renee Murphy</i>	DATE 4/9/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jon B. Hunt</i>	DATE 4-19-12
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE	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
25c1 Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.	The contract for resident #1, who receives SSI, dated 1/5/11, specifies that the resident will retain a personal needs allowance of \$80.00. The current personal needs allowance is \$85.00.	4/9/12	Residents 1, 2 and 3 did not have the correct amount of \$85.00 written in their contract. The administrator wrote the corrected allowances while the inspectors were still here. The Administrator will create a check off sheet ensure all residents personal allowances are correct and this violation does not recur. The Administrator or designated STAFF person will review all current resident contracts to ensure the current personal care needs allowance is indicated. 4-19-12	4-19-12
	The contract for resident #2, who receives SSI, dated 1/9/12, specifies that the resident will retain a personal needs allowance of \$80.00. The current personal needs allowance is \$85.00.	4/9/12		
	The contract for resident #3, who receives SSI, dated 12/20/10, specifies that the resident will retain a personal needs allowance of \$80.00. The current personal needs allowance is \$85.00.	4-30-12		

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APR 17 2012
Western Field Office
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME CARITAS, 2882 OLD PRINCETON ROAD NEW CASTLE, PA 16101		CURRENT LICENSE NUMBER 441330	
INSPECTION DATES (Include all dates of the inspection) 03/27/2012		REGIONAL REPRESENTATIVE Joseph Phillips, Laurie Garrigan	
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>Lucille Murphy</i>	DATE 4/9/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 4-19-12

REGULATION	VIOLATION	DATE	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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the medication room does not include thermometer, tweezers, and breathing shield. <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="text-align: center; font-size: 0.8em; margin: 0;">Western Field Office Adult Residential Licensing</div>	4/9/12 4-30-12	<i>the first aid kit in the medication closet had the items listed: thermometer, tweezers and breathing shield. these items were in a drawer in the medication cart. the administrator put all the items listed in the first aid kit, with a sign that says all items must stay in one place to ensure this violation does not recur. A designated staff person will check the first aid kit weekly to ensure all required items in accordance with regulation 2600.96A are in the first aid kit 4-19-12</i>	4-19-12

NAME AND ADDRESS OF PERSONAL CARE HOME CARITAS, 2882 OLD PRINCETON ROAD NEW CASTLE, PA 16101		CURRENT LICENSE NUMBER 441330	
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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)			
SIGNATURE OF LEGAL ENTITY <i>Shirley Murphy</i>	DATE 4/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 4-19-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE	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 home conducted a fire drill during sleeping hours on 6/7/11. The next sleeping hour fire drill was not conducted until 1/10/12. <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>01/10/2012</td><td>02:05 AM</td><td>2 min 10 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/06/2012</td><td>04:50 PM</td><td>2 min 20 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/07/2012</td><td>10:00 AM</td><td>1 min 30 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/05/2011</td><td>02:30 PM</td><td>2 min</td><td>Yes</td></tr> <tr><td>May</td><td>05/05/2011</td><td>09:01 PM</td><td>1 min 31 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/07/2011</td><td>02:01 AM</td><td>1 min 56 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/07/2011</td><td>05:01 PM</td><td>1 min 15 sec</td><td>No</td></tr> <tr><td>Aug</td><td>09/10/2011</td><td>04:20 PM</td><td>2 min 5 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/09/2011</td><td>07:50 PM</td><td>1 min 36 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/07/2011</td><td>10:15 AM</td><td>1 min 5 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/07/2011</td><td>01:40 PM</td><td>2 min 5 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/06/2011</td><td>01:40 PM</td><td>1 min 40 sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/10/2012	02:05 AM	2 min 10 sec	No	Feb	02/06/2012	04:50 PM	2 min 20 sec	No	Mar	03/07/2012	10:00 AM	1 min 30 sec	No	Apr	04/05/2011	02:30 PM	2 min	Yes	May	05/05/2011	09:01 PM	1 min 31 sec	No	Jun	06/07/2011	02:01 AM	1 min 56 sec	No	Jul	07/07/2011	05:01 PM	1 min 15 sec	No	Aug	09/10/2011	04:20 PM	2 min 5 sec	No	Sep	09/09/2011	07:50 PM	1 min 36 sec	No	Oct	10/07/2011	10:15 AM	1 min 5 sec	No	Nov	11/07/2011	01:40 PM	2 min 5 sec	No	Dec	12/06/2011	01:40 PM	1 min 40 sec	No	4/19/12	<p>The next sleeping hour fire drill should have been Dec of 2012.</p> <p>The administrator put a sticky note on the fire drill record, noting July 2012 as the next sleeping hour fire drill.</p> <p>Every 6 months after a sleeping hour drill a note will be posted to ensure the violation will not recur.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4-19-12 Date Initials (DPW)</p>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/10/2012	02:05 AM	2 min 10 sec	No																																																																	
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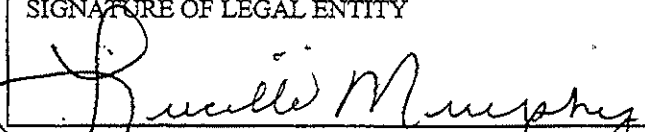
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 Adult Residential Licensing

5-31-12 The Administrator will conduct a sleeping hour fire drill prior to 5-31-12. All fire drills will be announced to staff and residents. 4-19-12

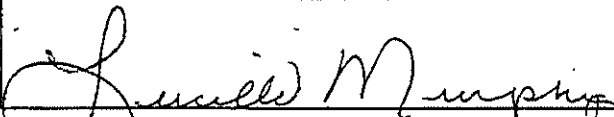
The violation will not recur.

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

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SIGNATURE OF LEGAL ENTITY 	DATE 4/9/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 4-19-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE	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
190c A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	Staff person D administers medications to residents. There is no documentation that staff person D completed the required medication administration training. RECEIVED Western Field Office Adult Residential Licensing	4-30-12	Staff person D has completed and completed the required medication administration training. the records were in a separate folder. we have enclosed copies so this violation does not recur. The administrator will review the records for all STAFF persons who administer medications to ensure all STAFF persons administering medications have completed the required training and the documentation is in the staff records. 4-19-12	

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

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187d The home shall follow the directions of the prescriber.	<p>Resident #1 is prescribed sliding scale for insulin. For the blood glucose range of 150 to 170 the resident's prescription requires the administration of 1 unit of Humalog insulin.</p> <ul style="list-style-type: none"> On 3/6/12 at 7:00 a.m. the resident's blood glucose reading was 152. The resident did not receive the prescribed insulin. On 3/13/12 at 7:00 a.m. the resident's blood glucose reading was 158. The resident did not receive the prescribed insulin. On 3/16/12 at 7:00 a.m. the resident's blood glucose reading was 154. The resident did not receive the prescribed insulin. On 3/21/12 at 7:00 a.m. the resident's blood glucose reading was 151. The resident did not receive the prescribed insulin. <p>Resident #1 is prescribed to have a blood glucose reading at 7:00 a.m., 11:00 a.m. and 4:00 p.m. The blood glucose readings for the resident were not taken on 3/14/12 and 3/18/12 at 7:00 a.m., 3/20/12 at 11:00 a.m. and 3/25/12 at 4:00 p.m.</p>	4/9/12	<p>A staff meeting was held March 4, 2012 concerning violations resulting from the sliding scales for insulin for Resident #1.</p> <p>There is a Blood Sugar Record attached to the MARs of each resident as of today. The Blood Sugar Record was in a separate folder and not copied for the inspectors. enclosed is the record for Resident #1. A plan has been initiated in response to the med errors.</p> <p>Any staff responsible for recording information on the MARs will check before and after shifts to ensure each resident has the proper documentation. Meds given on a sliding scale</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 4-19-12</p> <p>Date _____ Initials (DPW) _____</p>

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Adult Residential Licensing

4-20-12 All staff persons administering insulin will be reeducated on must have. Staff initials and blood following the orders of the prescriber including sliding scale insulin levels written on proper dates & times. The administrator will monitor weekly to ensure prescribers orders to ensure this violation does not recur. Are followed 4-19-12