



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: **MAY 23 2012**

Ms. Cheryl Sensanbaugher, Owner/Administrator
Jack and Cheryl Evans Sensanbaugher
PO Box 214
New Galilee, Pennsylvania 16141

RE: Evan's Personal Care Home
503 Centennial Avenue
New Galilee, Pennsylvania 16141

Dear Ms. Sensanbaugher:

As a result of the Department of Public Welfare's licensing inspection on April 2, 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.

Sincerely,

A handwritten signature in cursive script that reads "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

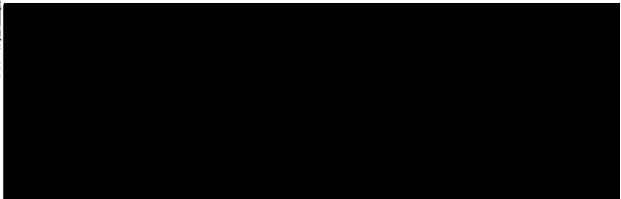

Enclosure(s)

RECEIVED

9

Western Field Office
Adult Residential Licensing

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

PCH Name: EVANS PERSONAL CARE HOME		License Number: 417370
Address: 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141		County: Beaver
Administrator: Cheryl Sensanbaugher		Region: WEST
Legal Entity Name: JACK AND CHERYL EVANS SENSANBAUGHER		
Legal Entity Address: P.O. Box 214, NEW GALILEE, PA 16141		
Certificate(s) of Occupancy		
C-3 SP 09/17/1984 L&I	Fire Escape Approval 11/17/2011 Ronald Young/Margaret Russi	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/02/2012: Jason Williams		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 7 Secured Dementia Care Unit in Home: No Area: 	Number of Residents who: 	

Violation Report: 41737 - 04/02/2012 - Jason Williams

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2. DESCRIPTION OF VIOLATION

There was a white dry-erase calendar in the kitchen with names of residents and doctors that they would be seeing on the specific dates. This information was viewable to any residents or visitors in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above 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.

First Name only had been written on the Dry Erase Board, However when Insp. commented that this is not permitted it was erased while he was on sight.

Future Appts. will be listed without any names.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sensenbaugher*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensenbaugher Date 4-17-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/20/12
(Date)

Signature of Legal Entity Representative 4/20/12
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41737 - 04/02/2012 - Jason Williams

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2. DESCRIPTION OF VIOLATION

The home manages the money for Resident #1 and #2.

-The Cash Distribution Record for Resident #1 shows several expenditures from 8/24/2011 through 3/1/2012 including haircuts, 2 packs of socks, pajamas, and a recliner. The home did not obtain a signature from the resident acknowledging receipt of these funds.

-The Cash Distribution Record for Resident #2 shows several expenditures from 9/1/2011 through December of 2011 including snacks, socks, haircuts, and a TV. The home did not obtain a signature from the resident acknowledging receipt of these funds.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above 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.

Both Residents have A "MR" Diagnosis without the Ability to understand expenses.

It seemed unnecessary to have them put any kind of "MARK" but for future expenditures A "MARK" will be recorded.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaucher

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaucher

Date 4-17-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

4/20/12
(Date)

Signature of Legal Entity Representative

4/20/12
(Date)

The above plan of correction was approved by

JS
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41737 - 04/02/2012 - Jason Williams

1. REGULATION 55 Pa.Code §2600

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2. DESCRIPTION OF VIOLATION

The upstairs bedroom with the emergency exit has an electrical outlet which is hanging out of the box with some of the wires exposed. Additionally, the walls on either side of the newly added exit door near the floor are incomplete. The inner wall board is peeled away revealing the furring strips in the wall. Looking through the gaps in these furring strips you can see through to the outside of the home in several places. Resident #4 resides in this bedroom.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above 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.

New Emergency Exit had been installed -
Electrical Box was removed, molding has been placed around
Doorway.
Weather stripping has been applied.
For future renovations, it will be completed in
a more timely manner.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sensenbaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensenbaugh Date 4-17-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/20/12
(Date)

The above plan of correction was approved by *JSP*
(Initials)

Signature of Legal Entity Representative 4/20/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Western Field Office
Adult Residential Licensing

Violation Report: 41737 - 04/02/2012 - Jason Williams

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #3 stayed at the owner's unlicensed home in Ohio from approximately 2/10/12 to 2/20/12. Toward the end of this stay, the resident was not receiving his/her medications on a daily basis.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above 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

Resident visited the unlicensed home Because [redacted] asked to visit. [redacted] WAS NOT at the "Home" for overnight stays as long of a period of time as stated.

Copy of "MAR" Shows Medications were ALWAYS given. It is NOT feasible to have given medications and then "NOT" give them. We would only cause grief to the Resident and ourselves.

For future, Residents are only permitted to visit our Personal Home with No overnight stays. For medications, It remains the same, they receive their medications as prescribed and a signature on the MAR is our only proof that the Resident received their meds.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaugh Date 4-17-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/20/12 (Date)

Signature of Legal Entity Representative 4/20/12 (Date)

The above plan of correction was approved by *JHP* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

