



**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](http://www.dpw.state.pa.us)

Mailing Date: **MAY 31 2012**

Ms. Georgetta Stotka, President  
Advanced Personal Care Home, Inc.  
Advanced Personal Care Home  
245 Center Street, PO Box 5  
Clarksville, Pennsylvania 15322

Dear Ms. Stotka:

As a result of the Department of Public Welfare's licensing inspection on April 11, 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, appearing to read "Jill Pezzino".

Jill Pezzino  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 440480 04/11/2012 - Mandock, Nancy  
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2. DESCRIPTION OF VIOLATION

On 4/7/12, an allegation of abuse against resident #1 by staff person A was reported to staff person B. The home did not report the allegation to the to the local area agency on aging until 4/9/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

All staff persons and volunteers were re-trained on Mandatory Abuse Reporting by Protective Services Supervisor Marie Christinas on 4-20-12. All staff persons have been instructed now and in the future to report all allegations of abuse to the Administrator immediately and to all required agencies within a 24 hour time frame.

RECEIVED

MAY 29 2012

Western Field Office  
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Georgetta Stotka*

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

Georgetta Stotka

Date 5-28-12

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

The above plan of correction is approved as of 5-30-12  
 (Date)

Verification of Legal Entity Representative Signature 5-30-12  
 (Date)

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

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

Violation Report: 44048# 04/11/2012 - Mandock, Nancy  
 PCH Name: ADVANCED PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**2. DESCRIPTION OF VIOLATION**

On 4/7/12, an allegation of abuse was made against staff person A regarding resident#1. The home did not develop and implement a plan of supervision or suspend staff person A until 4/9/11.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

All staff persons and volunteers were retrained on mandatory abuse reporting and instructed now and in the future to report all allegations of abuse to the Administrator [redacted] or co-owner [redacted] immediately.

Now and in the future Administrator [redacted] and/or coowner [redacted] will develop and implement a plan of supervision immediately following an allegation of abuse or suspend <sup>the</sup> employee that a allegation of abuse has been accused of immediately.

RECEIVED

MAY 29 2012

Western Field Office  
 Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Georgetta Slotka</i>	Date <i>5-28-12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-30-12  
 (Date)

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

Verification of Legal Entity Representative Signature 5-30-12  
 (Date)

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

Violation Report: 440484-04/11/2012 - Mandock, Nancy  
 PCH Name: ADVANCED PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, 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 services with reasonable skill and safety.

**2. DESCRIPTION OF VIOLATION**

Direct care staff person B does not have a high school diploma, active registration status on the Pennsylvania nurse aide registry, and his/her online GED diploma is not accepted or certified by the U.S. Department of Education or the Pennsylvania Department of Education.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Administrator [redacted] contacted ARL and spoke with [redacted] in regards to this violation. Staff person B had been employed by the previous entity and upon change of legal entity staff person B's qualifications for employment were submitted and approved by the DPW. [redacted] contacted [redacted] and returned a call to Administrator [redacted] and instructed her to submit a waiver of this regulation. The waiver was submitted on 5-28-12 and a copy is attached.

Now and in the future administrator will verify that all employees have a high school diploma or GED from a institution that is validated and accredited by the U.S. Department of Education or the PA Department of Education.

**RECEIVED**

MAY 29 2012

Western Field Office  
 Adult Residential Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta Slotka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Slotka*      Date *5-28-12*

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Verification of Legal Entity Representative Signature 5-30-12 (Date)

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