

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON

To operate PRESBYTERIAN HOME

Located at 220 NEWRY STREET, HOLLIDAYSBURG, PA 16648

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

The total number of persons which may be cared for at one time may not exceed 50
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from April 26, 2012 until April 26, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 343400

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

MAY 11 2012

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

Ms. Debra Larkin, Executive Director
Presbyterian Home in the Presbytery of Huntingdon
Presbyterian Home
220 Newry Street
Hollidaysburg, Pennsylvania 16648

Dear Ms. Larkin:

As a result of the Department of Public Welfare's licensing inspection on April 12, 2012 and April 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 be 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 34340 - 04/12/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2. DESCRIPTION OF VIOLATION

On 4/13/12, the hallway space heater by the rear "cottage lot" exit door measured at 153 degrees Farenheit. There were no protective guards in place.

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.

An audit has been conducted of all heat sources. The control knob has been removed to prevent any person from increasing the temperature to above 120°F. Guards will also be ordered and placed on the heater. Maintenance will conduct temperature audits weekly x4, bi-weekly x4, then monthly. This regulation has become part of our monthly safety meeting agenda, effective 4/26/12. Staff education provided 5/2/12!

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Morgan Wisner

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

Morgan Wisner PCHA

Date

5/3/12

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

The above plan of correction is approved as of

5/3/12
(Date)

Signature of Legal Entity Representative

5/3/12
(Date)

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

The above plan of correction was approved by

se
(Initials)

Violation Report: 34340 - 04/12/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2. DESCRIPTION OF VIOLATION

There were no handrails for the front door step and the "cottage" exit door step.

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.

Handrails were installed on 5/1/12. See attached pictures.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Morgan Wisner PCHA* Date *5/3/12*

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

The above plan of correction is approved as of <u>5-3-12</u> (Date)	Signature of Legal Entity Representative <u>5/3/12</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34340 - 04/12/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.96(a) - 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.

2. DESCRIPTION OF VIOLATION

The first aid kit on the first floor did not have antiseptic.

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.

Upon completing a review of all first aid kits, it was noted that our kit on the first floor was the only kit that did not hold all the required supplies of this regulation. Anti-septic was added to this kit on the day of inspection. New kits have been purchased. The new kits will allow us to apply easily breakable tamper locks. Audits of the first aid kits will be conducted weekly x4, bi-weekly x4, then monthly thereafter by PCHA. Staff education provided on 5/2/12/

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Morgan Wiser

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

Morgan Wiser PCHA

Date 5/3/12

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

The above plan of correction is approved as of

5-3-12
(Date)

Signature of Legal Entity Representative

5-3-12
(Date)

The above plan of correction was approved by

GW
(Initials)

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

Violation Report: 34340 - 04/12/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2. DESCRIPTION OF VIOLATION

There was a used bar of soap in the shower stall of the "bath and shower" room.

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.

The fresh bar of soap was discarded upon observation. It is suspected that a resident who showers independently left the soap behind. Resident education of this regulation was provided at resident council 4/26/12. Staff education provided 5/2/12. All shower rooms will be monitored nightly by 3rd shift staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Morgan Wisner

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

Morgan Wisner PCHA

Date

5/3/12

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

The above plan of correction is approved as of

5-3-12
(Date)

Signature of Legal Entity Representative

5-3-12
(Date)

The above plan of correction was approved by

EW
(Initials)

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

Violation Report: 34340 - 04/12/2012 - Hoover, Douglas

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2. DESCRIPTION OF VIOLATION

The home's written emergency procedures were updated in March of 2012 however; the home did not submit the procedures to the Blair County emergency management agency.

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.

The update in March was the change in staff telephone numbers. This was sent certified to BlairCounty EMA on 4/16/12. We conduct monthly safety meetings. This item will be added to our monthly agenda. Any change that may occur will be submitted immediately via certified mail. We will submit our plan annually, even if there aren't any changes to Blair County EMA via certified mail. Please see attached letter and the receipt of when BlairCounty EMA signed. This was discussed and implemented at our April safety meeting held on 4/26/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Morgan Wisler

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

Morgan Wisler PEHA

Date 5/3/12

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

The above plan of correction is approved as of 5-3-12
(Date)

Signature of Legal Entity Representative 5-3-12
(Date)

The above plan of correction was approved by BE
(Initials)

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