



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222

**ADULT RESIDENTIAL LICENSING**

Phone: (412) 565-5616/5614  
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[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

Mailing Date: JUN 7 2012

Mr. Robert Bickerton, Director  
HAP Senior Care, Inc.  
Beaver Meadows  
5130 Tuscarawas Road  
Beaver, Pennsylvania 15009

Dear Mr. Bickerton:

As a result of the Department of Public Welfare's licensing inspection on April 14, 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,

  
Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 41801 - 04/14/2012 - Whitney, Diane

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
  - (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following: (i) through (xvi)
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**RECEIVED**

MAY 30 2012

Western Field Office  
Adult Residential Licensing

**2. DESCRIPTION OF VIOLATION**

Direct care staff person A, hired on 7-11-2008, provides unsupervised ADL services. The staff person did not complete the Department approved online training course and pass the competency test.

**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.*

Corrected 4-24-2012

All Employees will continue to complete the Department approved online training.

Staff Person A had completed the training but a blank sheet had printed out. Staff Person obtained new original copy which shows it was completed on 8-4-2008 (Exhibit A)

H.R. Supervisor will ensure that all pages are not printed blank

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Edwin R Campbell CEO** Date **5-28-2012**

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

The above plan of correction is approved as of <u>6/1/12</u> (Date)	Verification of Legal Entity Representative Signature <u>6/1/12</u> (Date)
The above plan of correction was approved by <u>JW</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: 41801 - 04/14/2012 - Whitney, Diane

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2. DESCRIPTION OF VIOLATION

The home's record of direct care staff training for training year 2011 does not include the length of the courses for: fire safety, accident and falls prevention, resident rights, and abuse and neglect reporting.

RECEIVED

MAY 30 2012

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.

Western Field Office  
Adult Residential Licensing

Corrected 4-25-12


- Administrator's training Plan (Exhibit B) did include the hours of all trainings but sign in sheet for employees did not note hours.
  - H.R. Supervisor has taken over trainings and documentation. trainings completed after inspection clearly denote:  
1) Attendees 2) date, 3. Source 4. Content 5. length. (Exhibit C)  
this practice will continue going forward. (Exhibit D)
  - Administrator's monthly tracking of employees shows that employee B received the correct amount of trainings. (Exhibits E, F, G)  
Employee B made up the training on January 26, 2011. There was not sign in sheet so we did not count it.
- Effective 4-25-12 we have instituted a new training record form (Exhibit H) that lists all pertinent info and keep a running total. Also all make up trainings will include a sign in sheet.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Edwin R. Campbell Date 5-28-12

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

The above plan of correction is approved as of <u>6/1/12</u> (Date)	Verification of Legal Entity Representative Signature <u>6/1/12</u> (Date)
The above plan of correction was approved by  (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