

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EAST DEER PERSONAL CARE HOME, INC.

To operate EAST DEER PERSONAL CARE HOME

Located at 967 FREEPORT ROAD, CREIGHTON, PA 15030

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

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60  
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 May 19, 2012 until May 19, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430780

*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

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

JUN 21 2012

Mr. Len Capuzzi, Administrator  
East Deer Personal Care Home, Inc.  
East Deer Personal Care Home  
967 Freeport Road  
Creighton, Pennsylvania 15030

Dear Mr. Capuzzi:

As a result of the Department of Public Welfare's licensing inspection on May 18, 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 "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 43078 - 05/18/2012 - Miller-Linhart, Alden  
 PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A has no hours of annual training for training year 2011.

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.

Staff person A is in the process of finishing the training for 2011. This training will be completed by 7/1/12. They are also completing the training for 2012.

All training will be monitored quarterly by the administrator. All staff will be required to have training completed by 12/15. Anyone not in compliance with this will not be scheduled to work until the training has been completed.

RECEIVED

JUN 8 2012

Western Piedmont  
 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) *Len Capuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEN. CAPUZZI, ADMINISTRATOR	Date 06/06/2012
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-12-12</u> (Date)	Plan of correction implementation status as of <u>6-12-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43078 - 05/18/2012 - Miller-Linhart, Alden  
 PCH Name: EAST DEER PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

RECEIVED

JUN 8 2012

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A did not receive training in any of the required topics for training year 2011.  
 Ancillary staff B, C and D did not receive annual training in fire safety, emergency preparedness procedures, resident rights, The Older Adult Protective Services Act, and falls and accident prevention for training year 2011.  
 Direct care staff person E did not receive training in fire safety for training year 2011.

Western Field Office  
 Adult Residential Licensing

**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.

Fire training for 2012 was conducted on 6/2/12 by the local fire chief. All staff that attended are listed on the sign in sheet that is enclosed. Anyone not attending the training will need to be trained by a fire expert prior to 12/15/12 and provide documentation to the administrator. If they fail to meet this requirement they will not be scheduled to work.

A sign in sheet will be provided for all on site training. Also, all ancillary staff persons will receive annual training for fire safety by a fire safety expert. They will be trained in emergency preparedness procedures and recognition and response to crises and emergency situations; resident rights; the Older Adult Protective Services Act; fall and accident prevention. Plus any new population groups that are being served at the home that were not previously served.

The training will be monitored quarterly by the administrator. Anyone not trained in all areas by 12/15 will not be scheduled to work until all necessary training has been completed.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Len Capuzzi*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **LEN CAPUZZI, ADMINISTRATOR**      Date **06/06/2012**

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Violation Report: 43078 - 05/18/2012 - Miller-Linhart, Alden  
 PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION  
 The bathroom for room for room 223, has no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow.

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.

The fan in room 223 was replaced on 5/24/12. A copy of the invoice is enclosed.

Monthly checks of the fans will be conducted by the administrator. The staff has also been instructed to report any malfunctions to the administrator. Any and all problems will be repaired by an electrician as soon as possible.

RECEIVED

JUN 8 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) *Len Capuzzi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LEN CAPUZZI, ADMINISTRATOR	Date 06/06/2012
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Violation Report: 43078 - 05/18/2012 - Miller-Linhart, Alden

PCH Name: EAST DEER PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

There was discarded paper on the ground next to the water heater, also two empty light bulb boxes and a plastic flower pot were stacked next to the water heater. On a shelf located next to the "kitchen furnace" there was a box of kitchen matches.

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.

The paper, empty light bulb boxes, plastic flower pot and kitchen matches have been removed. The floor around the tank has been taped and reads "nothing to be stored in this area." A sign is also posted on the wall, away from the tank. A photo is enclosed.

Periodic checks will be conducted by the administrator to ensure the area is free from debris.

RECEIVED

8 2012

Field Office  
County Building

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

LEN CAPUZZI, ADMINISTRATOR

Date 06/06/2012

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The above plan of correction is approved as of

6-12-12  
(Date)

Plan of correction implementation status as of

6-8-12  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

Violation Report: 43078 - 05/18/2012 - Miller-Linhart, Alden  
 PCH Name: EAST DEER PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

On 5/18/2012 a 1.5 oz. tube of Natureplex muscle rub was found unlocked and accessible to residents in room #223.

**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.*

The resident and the resident's designated person were informed of the violation. The resident's designated person will give the muscle rub to the staff person in charge, and have it locked at the nurses station instead of leaving in resident's room.

Letters were sent to all the resident's responsible party informing them of items that can not be left in resident's room. A copy of this letter is enclosed. This issue was also addressed on 6/4/12 at the resident council meeting. The letter will be issued to all new residents upon admission.

The staff will also monitor the resident rooms. If any items are found they will be locked at the nurses station and the resident's designated person will be notified.

**RECEIVED**

8 2012

Field Office  
of Licensing

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) **LEN CAPUZZI, ADMINISTRATOR**

Date **06/06/2012**

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Violation Report: 43078 - 05/18/2012 - Miller-Linhart, Alden  
 PCH Name: EAST DEER PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 was admitted to the home on 8/30/2010 with a diagnosis of schizoaffective disorder. The resident's assessment dated 8/30/2011 does not address the frequency and source of visits to the psychiatrist.

**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.*

On 6/4/12 the resident's assessment was corrected. It now addresses the frequency and source of visit. A copy is enclosed.

Future assessments and RASP's will include plans for all the residents diagnosis.

A designated staff person will review all current resident assessments to ensure they are filled out in their entirety including any frequency and source of visits to doctor's offices.

RECEIVED

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/10/2011

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

LEN CAPUZZE, ADMINISTRATOR

Date 06/06/2012

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43078 - 05/18/2012 - Miller-Linhart, Alden  
 PCH Name: EAST DEER PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 was admitted to the home on 8/30/2010 with a diagnosis of schizoaffective disorder. The resident's support plan dated 8/30/2011 does not address the frequency and source of visits to the psychiatrist.

**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.*

The support plan for resident #2 was corrected on 6/4/12. It now addresses the frequency and source of psychiatrist visits for the resident. A copy is enclosed.

In the future all support plans and RASP's will include resident's medical, dental, vision, hearing, mental health or other behavioral care services that they receive or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner determine the necessity of these services.

A designated staff person will review all current resident support plans to ensure they are completed in their entirety including the frequency and source of visits to doctor's offices.

RECEIVED  
 JUN 11 2012

Director of Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **LEN CAPUZZI, ADMINISTRATOR** Date **06/06/2012**

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