

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate HAVERILLA PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 775 STONETOWN ROAD, ROSSITER, PA 15772

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 24
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 June 9, 2012 until June 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 427930

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

JUL 17 2012

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

Mr. Ray D. Haverilla, Owner/Administrator
Haverilla Personal Care Home, Inc.
Haverilla Personal Care Home
775 Stonetown Road
Rossiter, Pennsylvania 15772

Dear Mr. Haverilla:

As a result of the Department of Public Welfare's licensing inspection on May 31, 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 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42793 - 05/31/2012 - Roapon, Dennis
 PCH Name: HAVERILLA PERSONAL CARE HOME

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.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the medication cart does not include a thermometer.

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 thermometer was replaced during the inspection on 5-31-12.

In order to prevent a similar violation from occurring, we have posted a reminder on the med cart where the kit is kept. A copy is enclosed.

7-20-12 A designated STATE person will check the first aid kit in the medication cart at least weekly to ensure all required items are present. 6-28-12g.

RECEIVED

JUN 20 2012

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) *Karen Haverilla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Haverilla administrator* Date *6-18-12*

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

The above plan of correction is approved as of 6-28-12 (Date)

Plan of correction implementation status as of 6-28-12 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *6-28-12g*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42793 - 05/31/2012 - Ropon, Dennis

PCH Name: HAVERILLA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION

The bedroom window in the door of bedroom #2 does not have shades, blinds or shutters.

The bedroom window in the door of bedroom #4 does not have shades, blinds or shutters.

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.

New window blinds have been installed on both doors. - Pictures are enclosed

Blinds will remain on all windows and be replaced as needed.

RECEIVED

JUN 22 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) *Karen Haverilla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Haverilla, administrator</i>	Date <i>6-18-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-28-12
 (Date)

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

Plan of correction implementation status as of 6-28-12
 (Date)

- Fully Implemented *6-28-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented