





**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JAN 0 4 2013

Ms. Aundrea Leonard, Owner  
Elite Care Group, LLP  
125 Treymore Court  
Pennington, New Jersey 08534

RE: Liza's House  
1357 Blue Mountain Drive  
Danielsville, Pennsylvania 18038

Dear Ms. Leonard:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 28, 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 Human Services 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: 21477 - 08/28/2012 - Bloch, Betty  
 PCH Name: LIZA S HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A, who is the Administrator, only completed 19 hours of the required 24 hours of Department-approved 2011 annual administrator training. An additional 5 hours is required.  
 Staff person A identified the training year as 1/1/11 - 12/31/11.

**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.

- Administrator will complete 24 training hours for the calendar year 2012 to remain in compliance with regulation 64(c).
- Administrator has completed 4 training hours for 2012. Please see attached.
- Administrator will schedule remaining hours for calendar year through Northampton Community College and PEPP unlimited. Administrator will attend 6 hour training on September 24<sup>th</sup> in Tunkhannock, PA- Hypertension-What is it and How to Prevent it and Effectively operating a PCH in today's economy.
- Administrator registered to attend ServSafe class at Bethlehem Vocational School in October 2012. See attached registration form.
- Administrator will make a separate file for all certificates received for completed training hours each year.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy E. M'Course*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy E. M'Course*      Date *9/17/12*

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

The above plan of correction is approved as of <u>11/14/12</u> (Date)	Plan of correction implementation status as of <u>11/14/12</u> (Date)
The above plan of correction was approved by <u><i>Wendy</i></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: 21477 - 08/28/2012 - Bloch, Betty

PCH Name: LIZA S HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

**2a. DESCRIPTION OF VIOLATION**

The home did not complete a sleeping hour fire drill within six months of the previous one. Review of the fire drill records indicated the most current sleeping hour fire drill was conducted on 11/24/11 at 11:50 PM. One was required in May 2012.

Staff person A, who is the Administrator, stated at least 50% of the residents are asleep by 9:30 PM and awake by 6:30 AM.

**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.

- Owner conducted an unannounced sleeping hour fire drill on 8/29/2012 at 12:15am. See attached Fire Drill Log.
- Owner/Administrator or Designee will ensure that sleeping hour fire drills are conducted every 6 months as stated under 2600.132(e) to remain in compliance. All sleeping hour Fire Drills will be unannounced.

*The administrator will monitor for ongoing compliance.*

*Wm  
11/14/12*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Wendy E. McBourke*

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

*Wendy E. McBourke Administrator*

Date

*9/17/12*

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*11/14/12*  
(Date)

Plan of correction implementation status as of

*11/14/12*  
(Date)

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- Partially Implemented - Inadequate Progress
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*Wm*  
(Initials)

Violation Report: 21477 - 08/28/2012 - Bloch, Betty  
 PCH Name: LIZA S HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

**2a. DESCRIPTION OF VIOLATION**  
 The record for resident #1, admitted 6/22/2010, did not contain an updated Medical Evaluation. The last Medical Evaluation completed is dated 4/21/2011.

**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.

- Resident #1 has an appointment scheduled with her Primary Care Physician on 9/24/12. Administrator will send a Medical Evaluation for completion. Medical Evaluation to be completed by 9/28/12 by the Physician and will be forwarded to the Department.
- Administrator checked all Resident charts to ensure that all medical evaluations were up to date.
- Audit Form with due dates developed for all Resident Medical Evaluations. Audit Form to be updated quarterly by the Administrator or Designee. See Attached Audit Form.
- Plan of Correction will be incorporated and reviewed at Quality Improvement meeting to ensure compliance with regulation 141(b)(1).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy E McGuire, Administrator</i>	Date <i>9/17/12</i>
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Violation Report: 21477 - 08/28/2012 - Bloch, Betty  
 PCH Name: LIZA S HOUSE

**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**  
 The record for resident #2, admitted on 8/9/2012, did not contain an Initial Assessment.

**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.

- Initial Assessment completed for Resident #2 on 8/29/2012. Please see attached RASP form.
- Administrator or Designee to ensure that all Initial Assessments are completed within 15 days after admission as noted in regulation 225(a).
- Chart Audit will be completed by the Administrator or Designee quarterly and will be reviewed at the Quality Management Meeting biannually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Wendy E. McBride*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy E. McBride, Administrator</i>	Date <i>9/17/12</i>
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Violation Report: 21477 - 08/28/2012 - Bloch, Betty  
 PCH Name: LIZA S HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**  
 The record for resident #1, admitted 6/22/2010, did not contain an updated Resident Assessment. The last assessment completed is dated 7/6/2011.

**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.

- The Resident Assessment for Resident #1 completed on 8/29/2012. Please see attached.
- Administrator or Designee to ensure that all Resident Assessments are completed in compliance with Regulation 225(c), 227(c).
- Chart Audit will be completed by the Administrator or Designee Quarterly to ensure that all Resident Assessments are completed in a timely manner and will be reviewed at the Quality Management Meeting biannually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Wendy E. McCrune*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy E. McCrune</i>	Date <i>9/17/12</i>
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