



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 18, 2012**

Mr. Robert Getz, Owner  
Getz Personal Care Home, Inc.  
Getz Personal Care Home  
1026 Scenic Drive  
Kunkletown, Pennsylvania 18058

Dear Mr. Getz:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 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 Human Services Licensing so that compliance can be verified.

Sincerely,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>PCH Name:</b> GETZ PERSONAL CARE HOME		<b>License Number:</b> 240500
<b>Address:</b> 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		<b>County:</b> Monroe
<b>Administrator:</b> Erin Hnat		<b>Region:</b> NORTH
<b>Legal Entity Name:</b> GETZ PERSONAL CARE HOME INC		
<b>Legal Entity Address:</b> 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 08/10/1993 L&I	C-2 LP 01/03/1992 L&I	Other 09/19/1981 L&I
<b>Staffing Hours</b>		
<b>Resident Support:</b> NM	<b>Total Daily Staff:</b> 50	<b>Waking Staff:</b> 38
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/18/2012: Patton, Leslie; Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 09/19/2012: Patton, Leslie		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 60 <b>Number of Residents Served:</b> 48 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> 	<b>Number of Residents who:</b> 	

Violation Report: 24050 - 09/18/2012 - Patton, Leslie  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

On the morning of 9/10/12, staff person A was informed by resident #1 that staff person B allegedly hit her/him the morning of 9/9/12. The allegation was not reported to the local Area Agency on Aging until 9/13/12 and an ACT-13 was not completed and submitted to the Area Agency on Aging until 9/14/12. The home did not notify the local Aging office of the allegation or submit the required paperwork in a timely manner.

**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.

Violation unable to be corrected. Steps towards prevention of future violations occurring include:

9-17-12 -> All staff received educational information from Administration to re-educate on the appropriate procedures to report abuse at Getz PCH + on mandatory reporting.

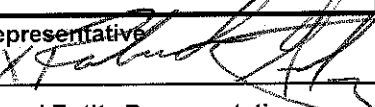
10-17-12 -> Monroe County Area Agency on Aging ombudsman will be holding a meeting with residents to educate on resident rights + reporting abuse.

11-2012 -> (no date confirmed) Monroe County Area Agency on Aging representatives will be holding an in service for All staff on resident rights + Act 13.

Ongoing upon new hire -> Administrator will educate on reporting abuse at Getz PCH, Resident Rights + Act 13.

\* All above plans are monitored by Administrator for continued compliance.

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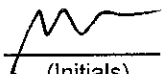
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert Getz, President	Date 9-28-12
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10-12-12 (Date)

Plan of correction implementation status as of 10-12-12 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 24050 - 09/18/2012 - Patton, Leslie  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On the morning of 9/10/12, staff person A was informed by resident #1 that staff person B allegedly hit her/him the morning of 9/9/12. The home did not submit a Reportable Incident form to the Department's local office informing the Department of the alleged incident of abuse until 9/13/12 and therefore, the Department was not notified in a timely manner.

**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.

Violation unable to be corrected. Steps toward prevention of future violations occurring include:  
 9-17-12 -> All staff received educational information from Administration to re-educate on the appropriate procedures to report abuse at Getz PCH + mandatory reporting.  
 10-5-12 -> All staff will have received copy of the company policy for Reportable Incidents + reporting reportable incidents for re-education.  
 10-17-12 -> Monroe County Area Agency on Aging, ombudsman will be holding a meeting w/ residents to educate on Resident Right + abuse reporting.  
 11-20-12 -> (No date confirmed) Monroe County Area Agency on Aging representatives will be holding <sup>en 9/28/12</sup> a training session in service for all staff on Resident Rights + Act 13  
 ongoing upon new hire -> Administrator will educate on Reporting Abuse at Getz PCH, Resident Rights, Act 13 + Reportable Incidents.  
 \* All above plans are monitored by Administrator for continued compliance

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Robert Getz, President	Date 9-28-12

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The above plan of correction is approved as of <u>10/12/12</u> (Date)	Plan of correction implementation status as of <u>10/12/12</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