

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JACK AND CHERYL EVANS SENSANBAUGHER
LEGAL ENTITY

To operate EVANS' PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141
(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 8
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 December 2, 2012 until December 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **417370**

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 19 2012

Ms. Cheryl Sensanbaugher, Owner/Administrator
Jack and Cheryl Evans Sensanbaugher
P.O. Box 214
New Galilee, Pennsylvania 16141

RE: Evans' Personal Care Home
503 Centennial Avenue
New Galilee, Pennsylvania 16141

Dear Ms. Sensanbaugher:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 20, 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 read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 9/20/2012, the home's copy of 55 Pa. Code Chapter 2600 "pink book" was not posted in a conspicuous and public place in the home.

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.

ALL MEASURES WILL BE RECHECKED MONTHLY TO INSURE
ITEMS ARE POSTED & "PINK BOOK" IS RETURNED
TO PUBLIC AREA AFTER EACH USE.
PINK BOOK WAS POSTED WHILE INSPECTOR WAS PRESENT.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaugh

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

Cheryl Sensenbaugh
9-29-12 admin

Date

9-20-12

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

The above plan of correction is approved as of

11-6-12
(Date)

Plan of correction implementation status as of

11-6-12
(Date)

The above plan of correction was approved by

CS
(Initials)

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's policy on reportable incidents does not address the prevention, investigation or management of incidents.

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 policy will Be Amended to Reflect

- 1. Prevention
- 2. Investigation
- 3. Management of Incidents

12-1-12

All staff persons will be educated on the home's policy on reportable incidents. Documentation shall be kept - 11-1-12 JJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Cheryl Searnsbaugh

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

Cheryl Searnsbaugh Admin.

Date

10-10-12

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

The above plan of correction is approved as of 11-6-12 (Date)

Plan of correction implementation status as of 11-6-12 (Date)

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

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home has not had a documented quality management meeting that reviews all required areas in the past 12 months.

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.

A quality Management plan will address a periodic Review of listing 1-5.

Our P.C. Home is a small mostly family owned & operated, however all items will be reviewed every 3 months, annually per administrator (JSP) 11-6-12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Sensenbaugh</i>	Date <i>9-29-12</i>
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The above plan of correction is approved as of 11-6-12
(Date)

Plan of correction implementation status as of 11-6-12
(Date)

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

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Volunteer staff person A has been living in the home and doing housekeeping duties since 9/18/2012. The home has not obtained a background check for this individual.

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 was Admin. Family who came to attend Admin. Daughters wedding. (Sept. 22)
Volunteered to help at Personal Care Home, will Do Background Check on ALL visitors that stay overnight or do any volunteer work for future. She since has Returned to Georgia so F.B.I. Background is in progress.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/09/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Cheer Sensenbaur*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheer Sensenbaur* Date *10-2-12*

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

The above plan of correction is approved as of 11-6-12 (Date)

Plan of correction implementation status as of 11-6-12 (Date)

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

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Staff person B, the home's administrator, completed only 21.5 hours of annual training in training year 1/1/2011 - 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.

Admin. did not Realize that Diabetes Class does not give full credit for hours stated.

Medication Review does not give full credit for hours stated.

2.5 hours will be completed to additional 24 already Acquired for 2012.

Online class will be done 10-14-12

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Sensenbaurger admin Date 10-14-12

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

The above plan of correction is approved as of <u>11-6-12</u> (Date)	Plan of correction implementation status as of <u>11-6-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 41737 - 09/20/2012 - Williams, Jason
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 Volunteer staff person A has been living in the home and doing housekeeping duties since 9/18/2012. This individual has not received orientation in any of the topics required by this regulation.

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.

Family member WAS NOT "Hired" to Personal Care Home. She was visiting and sleeping at Admin. Personal Residence. She volunteered help because of things needing done for Admin. daughter's wedding. However, for future visits a criminal background & orientation will be kept on file.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/09/2011	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cheryl Sensenbaugher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cheryl Sensenbaugher Admin.* Date *9-29-12*

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

The above plan of correction is approved as of <u>11-6-12</u> (Date)	Plan of correction implementation status as of <u>11-6-12</u> (Date)
The above plan of correction was approved by <u><i>CS</i></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: 41737 - 09/20/2012 - Williams, Jason
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION
 Volunteer staff person A has been living in the home and doing housekeeping duties since 9/18/2012. This individual did not received a general orientation to his/her job function prior to starting in the home.

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.

Admin. family member (visiting) has been oriented to specific job functions for "future" visits.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cheryl Sensenbaur*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cheryl Sensenbaur Admin.* Date *9-29-12*

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The above plan of correction was approved by <u><i>CS</i></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: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS 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.

2a. DESCRIPTION OF VIOLATION

-None of the staff in the home had fire safety training conducted by a fire safety expert during training year 1/1/2011 - 12/31/2011.

-Staff person C did not have training in OAPSA or falls and accident prevention during training year 1/1/2011 - 12/31/2011. *Withdrawn OAPD 11-6-12*

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.

Every Inspection Refers to this Regulation IN A Different MANNER.

Both Admin. took Fire Safety Course At Butler Community College. We were told to have a policy that each Staff Person signs stating we, the admin. gave Annual training on Fire Safety. This policy passed A few Inspections.

For this Inspection violation, we contacted our Fire Dept. who stated they will give Video's for Personal Care Home to Review.

Will Review 1-6 on Reg. 55-code 2600.

By 10-30-12

Fire Department presented Fire Safety training to all staff. 11-6-12 JSP

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbrougher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbrougher Admin.* Date *10-30-12*

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

The above plan of correction is approved as of 11-6-12 (Date)

Plan of correction implementation status as of 11-6-12 (Date)

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

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION

The home has not had a coliform water test since 8/26/2011. The home is not connected to a public water source.

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 Personal Care Home has an Ultra Violet Ray System connected to all water source. As the water passes thru the light any bacteria is killed.

However, Admin. will have water tested according to Regs.

Coliform water test completed on 11/12/12. JAP 11-15-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cheryl Senebaugh

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

Cheryl Senebaugh

Date

10-30-12

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

The above plan of correction is approved as of

11-16-12
 (Date)

Plan of correction implementation status as of

11-16-12
 (Date)

The above plan of correction was approved by

JAP
 (Initials)

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The resident telephone in the living room does not have the nearest hospital, poison control, or the personal care home complaint hotline number posted on or near the phone.

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.

Hotline & Poison Control & hospital numbers were posted near phone IN Kitchen.

They now are added to list IN livingroom.

Completed during Inspection.

12-1-12

The administrator will check weekly to ensure all telephone numbers required under regulation 2600.91 are posted on or by each telephone with an outside line. 11-6-12

JJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbrough

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

Cheryl Sensenbrough Admin.

Date

9-20-12

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11-6-12
(Date)

Plan of correction implementation status as of

11-6-12
(Date)

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

The above plan of correction was approved by

JJP
(Initials)

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's bedroom has a large step down to the lower half of the room. The handrail for this step was found to be detached from the wall and laying on the floor.

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.

Admin #2 was getting new lag Bolts for railing to be attached that morning. Admin #2 completed re-attaching handrail during inspection.

10-1-12

The administrator will inspect all areas of the home that has a handrail to ensure it is well-secured. 11-6-12 JJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaur

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

Cheryl Sensenbaur admin

Date *9-20-12*

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(Date)

Plan of correction implementation status as of 11-6-12
(Date)

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

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.93(b) - Each porch must have a well-secured railing.

Western Field Office
 Adult Home Care Licensing

2a. DESCRIPTION OF VIOLATION

The porch outside of the lower level side door does not have a railing. There is a drop of approximately 1 foot from the porch to the ground.

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.

Completion of New rails & ramp will be done By 11-6-12

Construction of Another Deck & RAILS had Recently Been completed and this WAS on the list to be completed But Inspection came Before completion.

12-1-12 (the administrator will check all porches to ensure they have a well-secured railing. 12/6/12 gsp)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sosenbanger admin.* Date *11-6-12*

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

The above plan of correction is approved as of 11-6-12 (Date)

Plan of correction implementation status as of 11-6-12 (Date)

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

- Fully Implemented
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- Partially Implemented - Inadequate Progress
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Violation Report: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The wooden steps of the second floor fire escape do not have a non-skid surface.

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 wood on fire escape, Admin. does not want~~

NON-SKID STAIR treds will Be ADDED

By 11-4-12

12-1-12

The administrator will check all exterior steps and ramps 2x per year to ensure all have a nonskid surface. 11-6-12 JSP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbaur

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

Cheryl Sensenbaur admin.

Date

11-4-12

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

The above plan of correction is approved as of

11-6-12
(Date)

Plan of correction implementation status as of

11-6-12
(Date)

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

The above plan of correction was approved by

JSP
(Initials)

Violation Report: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The resident bedroom in the lower level sitting room has 3 residents residing in it but only has 2 chairs.

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.

3rd. CHAIR WAS Replaced during Inspection.
Daily Review to INSURE all Items Required
ARE IN ROOMS.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Jensenbruger

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

Cheryl Jensenbruger

Date

9-20-12

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- Not Implemented

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CS
(Initials)

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
There is not a source of operable bedside lighting for the bed in the lower level bedroom closest to the back door or the bed farthest from the door in the upstairs bedroom farthest to the left.

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.

ALL Residents have
Flash lights
TAP lights
x
Lamps IN Room.

This was completed during inspection.
However Residents move their items.
Will Remind Residents to leave items near
their Beds.

10-1-12
The administrator or a designated staff person will inspect resident bedrooms ~~ix~~ per month to ensure all residents have an operable lamp or other source of lighting that can be turned on at bedside. 11-6-12 gpp

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

Signature of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensenbuecker

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Sensenbuecker Admin. Date 9-20-12

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

The above plan of correction is approved as of <u>11-6-12</u> (Date)	Plan of correction implementation status as of <u>11-6-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

RECEIVED

Violation Report: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

Western Field Office
Adult Residential Licensing

There is no grab bar, hand rail or assist bar by the toilet in the first floor bathroom closest to the back door of the home.

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.

ASSIST BAR ATTACHED TO TOILET CAUSES A RUST LINE BECAUSE THE TOILET SWEATS.

THIS IN TURN DOES NOT GIVE THE APPEARANCE OF RUST BUT LOOKS TO BE "DIRTY" SO ADMIN. REMOVED BAR TO SPRAY PAINT "AGAIN".

ADMIN. #2 WILL DO AWAY WITH TOILET ASSIST BAR AND INSTALL GRAB BAR TO SIDE OF VANITY CABINET.

12-1-12

THE ADMINISTRATOR WILL INSPECT ALL TOILETS AND BATH AREAS IN THE HOME TO ENSURE ALL HAVE A GRAB BAR, HAND RAIL OR ASSIST BARS. 11-6-12 JAP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbrougher

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

Cheryl Sensenbrougher Admin.

Date *10-27-12*

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

The above plan of correction is approved as of 11-6-12
(Date)

Plan of correction implementation status as of 11-6-12
(Date)

The above plan of correction was approved by *JAP*
(Initials)

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Western Field Office
Adult Protective Services

2a. DESCRIPTION OF VIOLATION
There is no thermometer in either the kitchen refrigerator or freezer.

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.

Refrig. was replaced - New Refrig. / forgot to
add thermometers.
Thermometer is now in place.
10-1-12
A designated staff person will check all refrigerators
and freezers to ensure all have a thermometer.
JSP 11-6-12

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Chief Senanbaugh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Chief Senanbaugh Admin.* Date *9-30-12*

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

The above plan of correction is approved as of 11-6-12
(Date)
The above plan of correction was approved by JSP
(Initials)
Plan of correction implementation status as of 11-6-12
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Western Field Office
Adult Day Health Program

2a. DESCRIPTION OF VIOLATION
The exhaust pipe for the dryer is located under the enclosed wrap-around porch on the right side of the home. There is a large amount of dryer lint present on the louvers of the pipe's end cap.

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.

ALL MEASURES WILL BE TAKEN TO CLEAN
• Dryer Lint on outside. + checked on Reg. Basis.
Exhaust pipe cleaned.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Chief Sensenbarger*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Chief Sensenbarger Admin* Date *9-30-12*

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

The above plan of correction is approved as of 11-6-12
(Date)

Plan of correction implementation status as of 11-6-12
(Date)

The above plan of correction was approved by *MS*
(Initials)

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.106 - If a home operates a swimming area, the following requirements apply:

- (1) Swimming areas shall be operated in accordance with applicable laws and regulations.
- (2) Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

2a. DESCRIPTION OF VIOLATION

The home operates a large above ground pool in the back yard of the home. The home does not have written swimming pool policies and procedures to ensure the safety of residents. The only barrier to residents entering the pool is a locking gate on the pool ladder which was found to be unlocked at inspection. ~~withdrawn JGP 11-6-12~~

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.

~~Pool ladder has 2 locks -~~
~~2nd lock is ~~broken~~ to a key lock which is locked~~ ^{withdrawn 11-6-12 JGP}
 when unattended.

Policy for Safety of ALL - Residents will be implemented.
 Pool is a 4 1/2 ft. Pool. -

12-1-12

All staff persons and residents will be educated on the new policy in regards to the safety and well-being of the residents involving the swimming pool. Documentation shall be kept. 11-2-12 JGP

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Sensenbarger Admin.</i>	Date <i>9-30-12</i>
--	---------------------

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

The above plan of correction is approved as of 11-6-12 (Date)

Plan of correction implementation status as of 11-6-12 (Date)

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

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Staff person B, the administrator, does not have a copy of the emergency preparedness plan for the local municipality.

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.

There has not been an emergency preparedness policy plan implemented by our town.

Letters were shown to Inspec. that a plan is not in force for our Boro.

Admin. have their own preparedness plan for Residents.

Administrator received a copy of "FEWCO" emergency preparedness plan.

The administrator will post the home's and county's emergency preparedness plans in a public and conspicuous place in the home. JJP 11-21-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Senanbaugh

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

Cheryl Senanbaugh Admin.

Date

9-20-12

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The above plan of correction is approved as of

11-21-12
(Date)

Plan of correction implementation status as of

11-21-12
(Date)

The above plan of correction was approved by

JJP
(Initials)

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The nearest operable smoke detector to the lower level resident bedroom in the sitting room is 18 feet.

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.

This is a Repeat Violation Because Admin. does not Trust Smoke detectors that are Battery operated. Our P.C. Home has "Inter wired" Smoke Alarms and our installers feel that they are spaced out accordingly.

We have an Alarm & Box that shows any trouble areas. I took battery operated alarm down because they sometimes don't work even when the battery is new. I showed Inspector how you have to play with the battery to get a good connection. However it has been returned to the designated area, while Inspec. was here.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/09/2011

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Senaubaughen

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Senaubaughen - admin. Date 9-20-12

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

The above plan of correction is approved as of 11-6-12 (Date)

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

Plan of correction implementation status as of 11-6-12 (Date)

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A Rating for each floor, including the basement and attic.

W-2-A Rating for each floor, including the basement and attic.
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Per staff person B, the administrator, the home's attic has a non-resident bedroom as well as storage. There is no fire extinguisher in the home's attic.

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 Extinguisher has been added to Attic.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbarger

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

Cheryl Sensenbarger Admin

Date *10-1-12*

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

The above plan of correction is approved as of 11-6-12
(Date)

Plan of correction implementation status as of 11-6-12
(Date)

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

The above plan of correction was approved by *CS*
(Initials)

Violation Report: 41737 - 09/20/2012 - Williams, Jason
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher in the home's kitchen is rated 1A-10BC.

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.

2 fire extinguishers
~~2 smoke detectors~~ were on first floor -
 1 Being 2A-10BC. - which was 3 feet from kitchen.
 It was moved to kitchen while Inspec. was on site.

12-1-12
 The administrator will check 1x per month to ensure a fire extinguisher with a minimum 2A-10BC rating is located in the kitchen.
 11-2-12 JJP

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cheryl Sen Sanbaugher Admin.</i>	Date <i>9-20-12</i>
---	---------------------

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

The above plan of correction is approved as of <u>11-6-12</u> (Date)	Plan of correction implementation status as of <u>11-6-12</u> (Date)
The above plan of correction was approved by <u>JJP</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: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept. Western Field Office

2a. DESCRIPTION OF VIOLATION
The last fire safety inspection and fire drill observed by a fire safety expert were conducted on 8/26/2011.

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.

Fire Safety Inspection was completed on 9-24-12

12-1-12
Documentation of the fire safety inspection will be kept by the home. The administrator will schedule a fire inspection and fire drills to be conducted by a fire safety expert annually. 11-6-12 JPP

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sensenbarger*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cheryl Sensenbarger* Date *9-24-12*

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

The above plan of correction is approved as of 11-6-12 (Date)

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

Plan of correction implementation status as of 11-6-12 (Date)

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason
PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted on 7/16/2012 but did not have an initial medical evaluation until 9/17/2012.

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.

This Resident was given a 30 day notice because [redacted] was not agreeing to some of our Policies & Rules. [redacted] agreed not to Relocate & an Appointment was made to do [redacted] Medical Eval. This was completed 9-17-12

*12-1-12
The administrator will review all resident records to ensure all residents have a medical evaluation completed in a timely fashion.
The administrator will develop a checklist to include all required paperwork for new admissions including a medical evaluation within 60 days prior to admission or within 30 days after admission.
JOP 11-6-12*

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/09/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbarger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensenbarger Admin* Date *9-17-12*

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

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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: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The home uses a van for resident transportation. The first aid kit in the van was missing medical tape.

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.

Medical tape was Replaced during Inspection.

12-1-12

A designated Staff person will check contents of all first aid kits 1x per month to ensure all required contents are present. 11-6-12 JJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Semsonbauer

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

Cheryl Semsonbauer Admin.

Date *9-20-12*

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

The above plan of correction is approved as of 11-6-12
(Date)

Plan of correction implementation status as of 11-6-12
(Date)

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

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The home has "Church" written on the wall calendar for September 3rd and 17th and has "Bingo" written on September 12th and 25th.

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.

Daily Activities Are Not Always Suitable for Residents.

Activities Calendar has Reflected Outings Such As

1. Circus
2. Picnics At Park
3. Ice Cream Party
4. Pizza Party.
5. Bingo

with drawn

11-2-12

Future Calendar will Reflect DAILY Calendar -

1. Current Events
2. Music IN the Morning - Etc.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Sensenbungher

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

Cheryl Sensenbungher Admin

Date *10-1-12*

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

The above plan of correction is approved as of

11-6-12
(Date)

Plan of correction implementation status as of

11-6-12
(Date)

The above plan of correction was approved by

CS
(Initials)

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

Violation Report: 41737 - 09/20/2012 - Williams, Jason

PCH Name: EVANS PERSONAL CARE HOME

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.

Western Field Office
Adult Protective Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #2 was completed on 6/12/2012. The most recent assessment before this was completed on 2/19/2011 which exceeds the timeframe for annual completion.

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.

A New Computer Software is Being Done for our Records -
 This was completed again with the new forms being used.
 All Records will be done in a timely manner as to not go past 1yr. time frame.
 12-1-12 The administrator will review all current residents assessments to ensure they have been completed in a timely fashion. 11-6-12 JJP

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cheryl Sensabaugh Admin.* Date *8-30-12*

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

The above plan of correction is approved as of <u>11-6-12</u> (Date)	Plan of correction implementation status as of <u>11-6-12</u> (Date)
The above plan of correction was approved by <u>JJP</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: 41737 - 09/20/2012 - Williams, Jason
 PCH Name: EVANS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The most recent support plan for Resident #2 dated 6/12/12 is incomplete. It does not address the home's plan to meet the need for personal hygiene, managing health care or doing laundry which are identified on the assessment of the same date. It also does not list a plan to meet the medical needs for the diagnoses of Intellectual Disability, Anemia, Anxiety and Vitamin Deficiency identified on the same 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.

Will Complete Records.

Will try to complete ALL NEEDS, however some NEEDS SEEM to be QUESTIONABLE AS to what the PLAN would be.

When ASKING the Inspec, AS to how to meet the NEEDS of Intellectual Disability he, Referred Admin. to ASK For some help AS to ANSWERING some. Sections on the TRASP.

12-1-12 the administrator will review all support plans for current residents for accuracy and completeness.

the administrator will review all newly completed resident support plans to ensure completeness and accuracy including each resident's care, needs, and services. JJP 11-6-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chief Senebaugh

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

Chief Senebaugh Admin.

Date *9-20-12*

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- Not Implemented