

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PENSTATE BEST CARE INC  
LEGAL ENTITY

To operate HASKINS HOUSE  
NAME OF FACILITY OR AGENCY

Located at 1009 RHOADS AVENUE, SECANE, PA 19018  
(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 20  
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 January 28, 2013 until July 28, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **138551**

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

JAN 28 2013

Ms. Sonja Maher, Administrator  
Penstate Best Care, Inc.  
347 73<sup>rd</sup> Street  
Brooklyn, New York 11209

RE: Haskin House  
1009 Rhoades Avenue  
Secane, Pennsylvania 19018

Dear Ms. Maher:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 25, 2012 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Ronald Melusky  
Director

Enclosure(s)  
License  
Violation Report



Violation Report: 13855- 09/25/2012 - Grayes, Byron  
 PCH Name: HASKIN HOUSE

**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 9/25/12 the home's current violation report and a copy of Title 55 PA Code 2600 were 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.*

The facility purchased a shelf box and installed on 10/8/12. The shelf box is located in public place next to current license. A copy of license summary issued by Dept. and copy of this chapter is located in the shelf box.

*Staff will check the box daily to ensure all items are present and replace if necessary.*

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)

*Sonja Mader*

Date *10/12/12*

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

The above plan of correction is approved as of

*10/17/12*  
 (Date)

Plan of correction implementation status as of

*10/17/12*  
 (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: 13955 - 09/25/2012 - Grayes, Byron  
 PCH Name: HASKIN HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

- On 9/25/12, there were 5- 6lb and 10 ounce cans of Tropical Fruit Salad without any expiration dates in the basement food storage area.
- On 9/25/12, there were 2 bags of Chicken Tenders without any expiration dates in the basement freezer.
- On 9/25/12, there was A bag of Ravioli without an expiration date in the basement freezer.
- On 9/25/12, there was A bag of frozen meat balls without an expiration date in the basement freezer.
- On 9/25/12, there were 3- 6lb and 12 ounce dented cans of Tomato Sauce in the home's basement food storage area.
- On 9/25/12, there were 3- 6lb and 12 ounce dented cans of Chef Quality Apple Sauce in the home's food storage area.

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 5-6lb 10oz cans on Tropical Fruit Salad with no exp. date were discarded. Staff will monitor exp. dates weekly.

The inspector stated if we had receipt for the next two items violation would be removed. The 2 bags of chicken tenders were purchased on 8/27/12. The bag of Ravioli was purchased on 8/16/12. Receipt is attached.

The bag of frozen meatballs was discarded. Staff will be sure to date any food in the freezer and monitor weekly.

All dented cans were discarded immediately. Staff will monitor cans for dents weekly when shopping and check before they are stored on shelves.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/01/2011

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

SANTA maker

Date

10/12/12

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

The above plan of correction is approved as of

10/17/12  
 (Date)

Plan of correction implementation status as of

10/17/12  
 (Date)

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

The above plan of correction was approved by

CRM  
 (Initials)

Violation Report: 13055 - 09/25/2012 - Grayes, Byron  
 PCH Name: HASKIN HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home did not have documentation of the of the annual furnace inspection.

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.

Attached is an e-mail from supervisor at the Dept. Labor and Industry. He wrote that boiler is under current operating certificate and he requested a copy of the certificate. We have not received it as of this mailing. We can send it as soon as we receive it. We will monitor that cleaning certificate is available and up to date yearly.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Suzanne Adams-John*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Suzanne Adams-John*      Date *10/12/12*

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

The above plan of correction is approved as of 10/17/12  
 (Date)

Plan of correction implementation status as of 10/17/12  
 (Date)

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

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

Violation Report: 13005 - 09/25/2012 - Grayes, Byron  
 PCH Name: HASKIN 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 most recent assessment for resident #1 was completed on 12/14/10.

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.

Attached is resident #1's assessment and care plan completed on 9/25/12. Staff will monitor monthly that resident's assessment's and care plans are up to date.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/18/2011

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

SWISA Moker

Date

10/12/12

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

The above plan of correction is approved as of

10/17/12  
 (Date)

Plan of correction implementation status as of

10/17/12  
 (Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

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