

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MICHAEL M TROSIEK JR  
LEGAL ENTITY

To operate TROSIEK'S PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 214 SECOND STREET, NEW SALEM, PA 15468  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 13  
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 February 8, 2013 until February 8, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 450260

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

FEB 05 2013

Ms. Barbara J. Trosiek-Kett, Administrator  
Michael M. Trosiek, Jr.  
P.O. Box 535  
New Salem, Pennsylvania 15468

RE: Trosiek's Personal Care Home  
214 Second Street  
New Salem, Pennsylvania 15458

Dear Ms. Trosiek-Kett:

As a result of the Department of Public Welfare's licensing inspection on November 1, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.


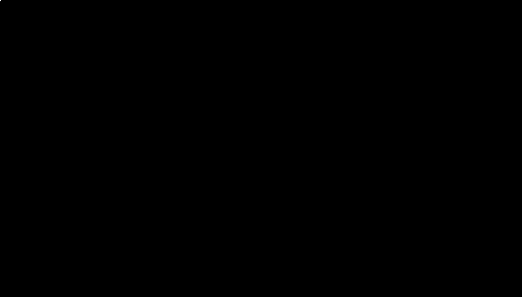
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: TROSIEK S PERSONAL CARE HOME		License Number: 450260
Address: 214 SECOND STREET, NEW SALEM, PA 15468		County: Fayette
Administrator: Barbara Trosiek-Kett		Region: WEST
Legal Entity Name: MICHAEL M TROSIEK JR		
Legal Entity Address: P.O. BOX 535, NEW SALEM, PA 15468		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-3 SP 12/17/1993 L & I		JAN 07 2013 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
11/01/2012: Whitney, Diane		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 13 Number of Residents Served: 12 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 45026 - 11/01/2012 - Whitney, Diane  
PCH Name: TROSIEK S PERSONAL CARE HOME

JAN 07 2013

WEST REGION FIELD OFFICE

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 does not address prevention, notification, investigation and 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.

The home now has written policies on prevention  
notification, investigation + management of incidents.  
Copy enclosed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Barbara J. Trosiek-Kett

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

Barbara J. Trosiek-Kett

Date JAN 3. 2013

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

The above plan of correction is approved as of 1/9/13  
(Date)

Plan of correction implementation status as of 1/9/13  
(Date)

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

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

Violation Report: 45026 - 11/01/2012 - Whitney, Diane  
PCH Name: TROSIEK S PERSONAL CARE HOME

JAN 07 2013

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600  
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
The contracts for residents #1 and #2 are not signed by the payer.

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.

Contract was signed by resident 1 + 2's payee's.  
Administrator will check all files to ensure they are signed. Copies included.

By 1/31/13 - The administrator will review the contracts for any new residents to ensure all required signatures are obtained.

1/19/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Barbara J Trosiek-Kett

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

Barbara J Trosiek-Kett

Date

JAN 3, 2013

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The above plan of correction is approved as of


1/19/13  
(Date)

Plan of correction implementation status as of

1/19/13  
(Date)

The above plan of correction was approved by

  
(Initials)

- Fully Implemented 
- Partially Implemented - Adequate Progress
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Violation Report: 45026 - 11/01/2012 - Whitney, Diane  
 PCH Name: TROSIEK S PERSONAL CARE HOME

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail. JAN 07 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is no handrail at the 3 steps leading from the driveway to the yard.

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 handrail was constructed & installed by driveway. See attached picture.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) Barbara J Trosiek-Kett

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Barbara J Trosiek-Kett

Date Jan 3, 2012

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 (Date)

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 (Date)

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 (Initials)

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Violation Report: 45026 - 11/01/2012 - Whitney, Diane  
PCH Name: TROSIK S PERSONAL CARE HOME

JAN 07 2013

WEST REGION FIELD OFFICE

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.

2a. DESCRIPTION OF VIOLATION

The kitchen refrigerator/freezer does not have a thermometer in the freezer compartment.  
  
The small chest freezer in the basement does not have 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 Kitchen refrigerator / freezer & small chest freezer now have thermometers in placed. Will check monthly so violation does not happen again.

By 1/3/13 Administrator or Designee will monitor the temperatures of all refrigerators and freezers at least monthly to ensure temperatures are safe.

d  
1/9/13

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trostiek-Kett*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trostiek-Kett*      Date *Jan 3, 2013*

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(Date)

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

Plan of correction implementation status as of 1/9/13  
(Date)

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Violation Report: 45026 - 11/01/2012 - Whitney, Diane  
PCH Name: TROSIEK S PERSONAL CARE HOME

JAN 07 2013

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 6-3-2012, does not include diet and medication information.

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 medical evaluation for resident #1 dated 6-3-2012 now includes diet & medication information. Administrator will see that all paperwork is filled out completely before leaving the physicians office. Copy provided

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Barbara J Trosiek-Kett

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

Barbara J Trosiek-Kett

Date

JAN 3, 2013

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(Date)

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1/9/13  
(Date)

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[Signature]  
(Initials)

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

Violation Report: 45026 - 11/01/2012 - Whitney, Diane  
 PCH Name: TROSIEK S PERSONAL CARE HOME

**1. REGULATION 55 Pa. Code §2600.**

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

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JAN 07 2013

**2a. DESCRIPTION OF VIOLATION**

The emergency medical plan does not include an emergency staffing plan.

WEST REGION FIELD OFFICE  
 Human Services Licensing

**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 home now has a policy that includes an emergency staffing plan. Copy Provided,

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Barbara J. Trosiek Kett*

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

Barbara J Trosiek Kett

Date JAN 3, 2013

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1/9/13  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

- Fully Implemented *JK*
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Violation Report: 45026 - 11/01/2012 - Whitney, Diane  
PCH Name: TROSIEK S PERSONAL CARE HOME

JAN 07 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
QUALITY SERVICES

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's written description of services does not include admission criteria.

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 home now includes an admission criteria in their description of services. Copy provided.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trosiek-Kett*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara J. Trosiek-Kett* Date *JAN 3, 2013*

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>J</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented